

# THE DENTAL DIGEST

DECEMBER 1910  
VOL XVI NO. 12

EDITED BY  
GEORGE WOOD CLAPPARD  
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# THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

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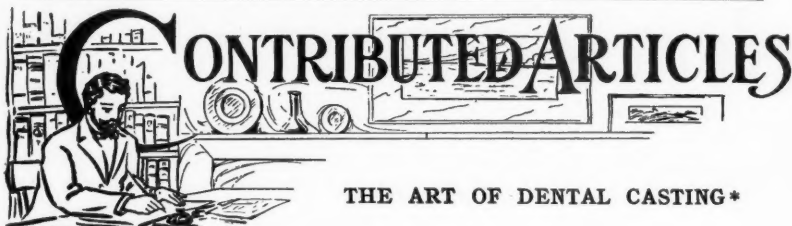
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Vol. XVI

DECEMBER, 1910

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## THE ART OF DENTAL CASTING\*

By L. W. STRYCKER, NEW YORK CITY

*(Continued from November Issue)*

A SUMMING-UP of the characteristics of the investments mentioned in the table in our article on casting in the November number of THE DIGEST clearly shows the points of advantage and at the same time the unfavorable ones.

For instance, Terra plastica on account of it setting so quickly, is last in ease of manipulation, does not give enough time for the average operator to work it and requires two mixes to invest a case. Wherever Sprue Covering† is used, there will be contraction, because the materials comprising sprue covering are contractile under the influence of the heat required in casting. Terra plastica is therefore placed last in the column showing expansion. Its hardness after setting corresponds to

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† Sprue Covering is a smoother investment preparation accompanying Terra plastica. The wax model is invested in Sprue Covering and all is then invested in Terra plastica.

that of Caulk's, S. S. White's, Consolidated, I. D. L. and Pelton & Crane's; it requires as much time to set, before heating, as the investments just mentioned. Using Sprue Covering one will obtain a smoother cast with Terra plastica than with the other investments, but this advantage is not sufficient to compensate for the shrinkage. It has a little more strength and is somewhat harder, after heating, than the above mentioned investments, but it shrinks. It has two points of advantage over some of the investments as noted in the table, namely: hardness when heated and smoothness when cast.

"Consolidated Investment compound" is second in speed of setting and is sixth in manipulation. It does not set sufficiently hard so but that there is danger of its exploding when heated too rapidly. It requires more time to set before heating and heats more slowly than an investment that would become harder and be more porous, thereby eliminating the steam compressed; it is nearer perfection in expansion, being fourth in the table; that great redeeming feature places the Consolidated Investment Compound second best.

S. S. White's, I. D. L. and Pelton & Crane's investments are about on a par, there being very little difference in their merits; the first mentioned has less expansion than the others, it sets nearer the time required to manipulate, and would be an ideal investment if it had hardness, porosity, and a little more expansion.

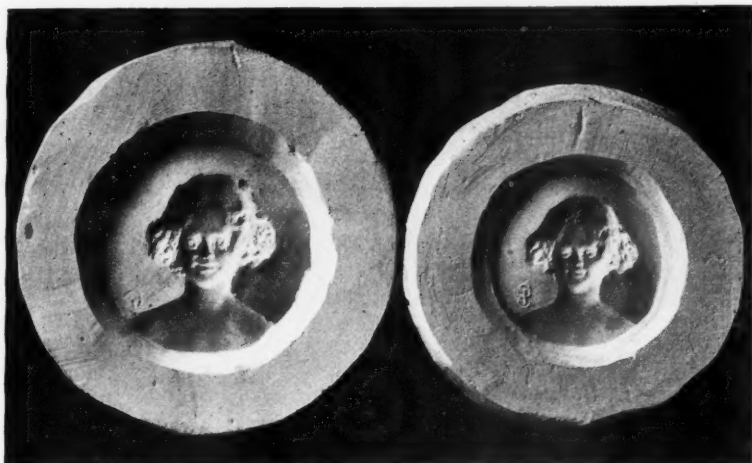
I. D. L. investment requires too much time to set and harden and shows about the same amount of expansion as the S. S. White Investment Compound. It is harder when heated and is practically non-porous, like the above investments, which are all finely ground.

Pelton & Crane investment is almost last in speed of setting and second in expansion, gives plenty of time to manipulate it, but it requires too long a time for heating, and the expansion is too great. It is not hard before or after heating.

Caulk's Investment Compound takes the longest time to set, requires a longer time to heat and expands most. If you carried out the little experiment suggested in the November Digest you will have noticed that this investment expanded slightly above the ring; now if it expands to such an extent one way it must naturally expand inwardly. This is owing to its being so soft and of so fine a consistency. This investment has undoubtedly a better grade of materials in its makeup than some of the other investments, but they are not proportioned rightly to bring it up to the standard of a perfect investment. The Standard occupies first place at the present time and it can be improved upon by giving it more expansion. It is the hardest when set, gives the operator enough time to manipulate it before it sets; it also heats more



quickly than the others, is more porous and eliminates the air more rapidly without exploding. When heated it will be found to be hard and will hold what expansion there is on account of the coarse particles holding together; it has enough, or fine enough grain, to give as smooth a surface as any of the so-called smooth investments. It has five points ahead of the other investments mentioned in the table, namely: It is easier to handle, owing to its not setting too rapidly; sets harder in less time and can be exposed to the fire sooner; it is harder after heating and will hold up its margins; is more porous, thereby eliminating the air entombed more readily and gives a very smooth mould if handled properly.



Original of a Child, Carved in Wax.—Mr. Paul Schramm, New York City.

#### PRACTICAL LABORATORY HINTS

(1) *To Quickly Fill a Hole in a Casting Without the Use of Solder.*  
Pack with foil gold; heat over a Bunsen burner until thoroughly annealed, or red hot, dip into cold water and it will be found that the hole has been entirely filled.

(2) *To Prepare Posts (especially those of composition) to Which to Cast Gold Insuring Adaptation and Non-Oxidation.*

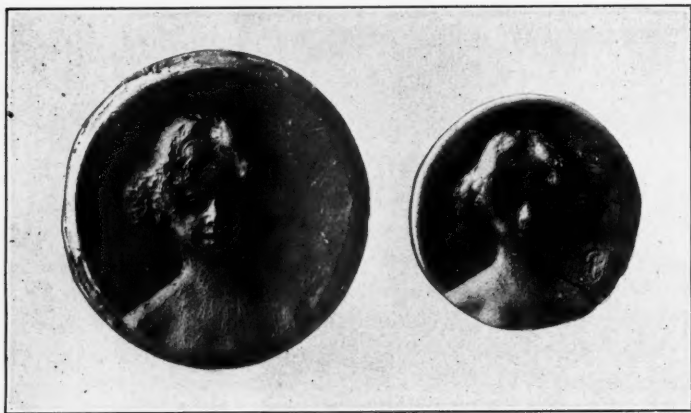
Before waxing, flow a little 24k gold (using a blowpipe) over the posts wherever you wish the gold to adhere.

(3) *To Prevent Much Shrinkage in Soldering Large Bridges.*

Take an iron wire, No. 12 or 13, that has been previously annealed, bend it around to follow the arch about  $\frac{1}{4}$  inch from the teeth, let it



project beyond the last teeth, about 2 inches, past the condyles, then turn it at right angles, so the ends meet even with center of plate, cut wire projecting out of investment toward the back, in order to prevent it becoming as hot as the case. When the expansion takes place in heat-



ing, the dovetailing will separate, and as it cools they will come together as originally (before heating) and lock, preventing contraction. This wire can be used many times, only a little bending being necessary and

be sure that the dovetail comes together before investing. This wire also acts as a handle in shifting case around when soldering and somewhat prevents investment from cracking.

The illustrations show an original of a child carved in wax, by Mr. Paul Schramm, a New York artist. The writer wishing to reduce this to cuff-button size proceeded in this manner: First get a good grade of impression plaster—the L. J. Weinstein plaster was used in this case—pour water into bowl and sift plaster into same; when a sufficient quantity has been sifted in—about the same amount as would be necessary to pour up for a hard dental model—DO NOT STIR, but dip small camel's hair brush into the plaster and paint face of model, which may be of wax or metal, jarring the while to settle plaster into all crevices. Now pour out of bowl the surplus water and spatulate plaster against side of bowl until it is thoroughly mixed, being careful not to stir plaster; when thoroughly spatulated pour on a slab, making it thick enough to prevent breaking. When removing model, press the painted side down, into plaster mass, letting it set until hard, before attempting to remove model; after removing model melt some wax, using one of the *hard* inlay waxes or a hard base plate wax, pouring this into index of model. When the wax is set a great deal of shrinkage is noticeable. This process may be continued until original is reduced to desired size. This method does not destroy any of the detail.

*(The next article in this series is expected to appear in the January issue.)*

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HOW TO GARGLE.—To the needy ones this is a suggestion how to be able to gargle. It especially refers to the large number of people who say: "I can't gargle—it chokes me." One can gargle as deep down the throat as needful by pressing the palm of the left hand upon the epiglottis, and quite hard, directly above and against the thyroid cartilage. Do not press upon the cartilage sideways, in a manner of choking, but *against* its *anterior* part only, covering about two inches of its *outer* surface. Instead of the palm of the hand, one may use the tips of the thumb and of all the fingers of the left hand closely arranged in a curve and adapting them to the trachea. My suggestion has not failed in the most difficult cases, and should be tried until it is correctly followed. Patients should receive these instructions and *be shown how to gargle, as* above described.—M. J. EMELIN, D.D.S., *The Dental Brief*.

## A THIRD BICUSPID

VETHAKE E. MITCHELL, D.D.S., NEW YORK CITY

AN article in the October DIGEST by Dr. M. O. Pisor, entitled, "Was this a Second Six-year Molar?" reminds me of a somewhat similar case in my own practice, which came to my notice some ten



years ago, although there was no pathological condition involved. History of case is as follows:

W. M., male, aged 21, presented himself for dental treatment.

During the several sittings required for operating on his teeth, I had occasion to study the general condition of the mouth. Being a man of large frame, the teeth were large, beautifully shaped, jaws broad and massive (no lack of development here). All the teeth were in position excepting the left inferior molar which had been extracted some eight years previous.

Occlusion fairly good. The left inferior second molar had moved and tipped forward, partly closing the space left by the extraction of the first molar.

The size of the teeth and arches, and the occlusion had led me to take impressions of the mouth for study models, and accounts for my having

the models now. Some two years later I found a "third bicuspid" had erupted, between the first and second bicuspid, on the inferior left side, pushing the second bicuspid back entirely, closing the space that remained at this time from the loss of the first molar.

I took other impressions of the mouth, so now have models of the case both *before* and *after*, as you might say, to prove my assertion.

This bicuspid is as perfect in size and form as any others in the mouth, consequently it could be classed as a Supernumerary. But what else could you call it?

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### PUBLIC EDUCATION IN DENTISTRY \*

By J. O. WILDER, D.D.S., SACRAMENTO, CAL.

AFTER noting the advancement of our profession all must admit that dentistry has taken a place among the most learned professions of the day. It would seem from the zeal displayed by our brothers that the watchword would be—

Sail on, professional ship, sail on;  
Sail o'er this Union to be strong and great,  
Sail on, professional ship, o'er every state.

The profession has come to realize that education of the public is necessary in order that the public take advantage of the benefits of dental science, and that the standard of the profession be raised, for if we should be satisfied with the advantage of our profession, its progress would cease. While considering public education in dentistry, let us compute the duty we owe to humanity, the advantages and disadvantages of such a course in the profession.

All of us look upon theology as the highest professional calling. Then let us probe for the reason why men spend their lives teaching mankind the existence of a living God. We cannot say that money is the incentive, for we know these men to be placed as a rule in medium circumstances. What then must be the reason? Why, it is because they have experienced a feeling of the Supreme duty and feel it their duty to tell others that they, too, may benefit. In dentistry we know of something helpful to humanity, and it is just as much a moral duty for us to guide our fellow-men the way they should go as it is for the

\* Read before the Sacramento Co. Dental Society, 1910.

preachers of the Gospel. The profession is mindful of the fact that advertisers are abroad in the land, and we should not hoodwink ourselves in regard to the damage done by these men. It is well enough for us to sit down over a cigar and say, "They do not hurt me, and the class of practice they have I do not want," but we are the ones who are morally answerable for every case of humbug perpetrated; for if we know of the condition and fail to give the public proper information we are accomplices, and before the law we should be held as accessories to the act. Now, why is it the people go to these places? Simply because they have not heard of ethical men, and they have read of these parasites. If the mass of people could be educated to the roguery done in these places it would materially lessen the complaints we daily receive and put an end to that sort of business.

In the second place, as we are servants of the public, and our calling is that of public benefactors, we must look to their needs first. We know that neglect of oral hygiene by the public is a most common occurrence, and that therein lies the secret origin of at least 90 per cent. of dental diseases and probably a large percentage of systemic diseases. With this fact in mind the profession has set about advising oral hygiene through the medium of free clinics with, as you have read, wonderful results.

In the larger cities of the United States our profession has come to be noticed as a vital public necessity. Many have seen that our professional brothers have done much to relieve distress, and that those so relieved have averted serious illness. In short, it has awakened in the multitude the necessity of good dentistry in a community, and more dental business has been the outcome. Since we are servants of the public, and we discharge our professional duty with sincerity, it is inevitable that we accomplish a three-fold advantage which is that first, we benefit suffering humanity; second, we elevate the profession; and third, we increase the demand for dental operations.

It is quite impossible for me at this time to repeat in detail what has been done in this field on the coast, except to say that the Spokane Dental Society is abreast of the times.

I am informed that in this society steps have been taken in accordance with the ideas carried out in other societies, and that precise and definite purpose has not been accomplished in our school system. Since such is the case, I feel no hesitancy in quoting to you the flaws I find in this procedure. First, it would be impossible to give each patient individual instruction in the care of the dental apparatus, and if such could be done an impression would not be left on the mind of the importance of dental operations, which is the main object of the clinic.



Another thing, clinical examination only of the oral cavity would lead the laity to believe our calling to be one of mechanical skill only.

Again, the public would be little wiser at the end than at the beginning, except perhaps in their own individual case. It occurs, therefore, to my mind that it would be a wiser plan to institute in the city school system a course of lectures, illustrated by lantern slides, to be given to such students as are old enough to understand and to the parents of all children. In this course of lectures teach them the germ theory of decay of the teeth; show them how malformations of the face occur from decay of the teeth; also the importance of chewing food and how it is masticated and the necessity of having teeth with which to chew the food. Again showing them how the teeth develop and erupt and the anatomical relation of the dental organs and tissues incident thereto.

With this explanatory course in conjunction with clinical examination, I can conceive of nothing but astounding success.

The laity knows something about law and something about medicine, but the people are absolutely ignorant in regard to dentistry. They are also eager to learn, which fact is shown by the questions asked by them while we are at work.

The impression left on the mind of the parent and child would not be of a lasting character, and in extent would be of no greater import than the purchase of a garment. How many of us will forget the San Francisco disaster or the fire at the Iroquois Theatre or the burning of the *Gen. Slocum* on the East River, the Johnstown flood and many others? Practically none. The reason we do not forget is because an impression was made on the brain, and the cause of the impression was the extent of the catastrophe.

If we would be successful in educating the children of the public schools and their parents, we must make a lasting impression upon their minds. We are bound to do untold good in any case, but the impression is the reason for which the clinics are established, and without this impression we have done nothing for the future and the generations to come. Men are spoken of as being in a rut, but if we examine that man carefully we find that he is the victim of a lasting impression on the brain, which means he is a victim of habit. Since we walk, talk, eat, sleep, and so on through the various acts of the day, it is found that we are victims of habit. Why then cannot we get people into the habit of going to the dentist just as you and I regularly visit the barber? I am of the opinion that it can be done if the mental faculties are impressed, and the way to impress them is by the use of illustrated lectures. During my last visit to Chicago I saw a moving

picture on the development of the fly and it left an impression on my brain that I will not soon forget. This would be an ideal method of education if we could illustrate it thoroughly; but the means are not at hand, so it behooves us to make use of those opportunities within our reach. As the public is composed of such various dispositions the success of a lecture course would be dependent upon the impression made upon the majority. Some people strive for beauty, others for cleanliness, and others for health's sake, and still others to avoid public opinion and comment, and so on through the whole range of dispositions. The disposition of civilization is to be clean, and the vast majority of the people are civilized and wish to be clean. Science has taught us many things which upset old theories, among which is that pathogenic germs are the filthiest and most dangerous diet. The laity is not ignorant of the fact and is deathly afraid of germs. Now, the disposition of one person may care little for looks, but the knowledge of the presence of germs in a tooth inaccessible by them would cause great uneasiness to some and especially to children. Another may not care for germs or bugs, but knowing that the appearance of the face depends upon the teeth, he would have his dental organs examined and corrected for vanity's sake. I might elaborate here indefinitely but I think you have grasped my idea.

Let us now stop to consider why the moving picture houses have met with such success before the public, and why some do more business than others. It is because there the people have seen something pleasingly new, and they go to the place where the variety is greatest, not because they get more for their money but because they do not see the same thing twice. Why then will not the public take interest in a course of lectures on a subject of which they have heard nothing explanatory? Many of the parents of pupils would come as much to see these pictures as to hear the lectures, which fact is demonstrated by the questions asked us by patients regarding dental anatomy. The fact that there is to be a lantern show given to the school children would draw more scholars than a new lecture. It is true, however, that in a course of this kind different slides could not be used every time, but they could be so selected that some new ones would appear each time. Then, there is on the part of the majority of the people a disposition to learn the secrets of the other man's business, and through the medium of curiosity they would be drawn to a lecture course. My idea is that the children and their parents would be greatly impressed if at this stage the scholars were required to go after school hours in a body by classes to a clinic room in one of the school buildings used for medicinal purposes only. The very fact that they had to go after school

to have their teeth examined would leave a definite impression on their minds. I remember when at school how we were occasionally kept after hours for singing because it was not done right. I also vividly remember the extra lessons in astronomy and arithmetic given after school by two of my conscientious teachers. These were impressions I received when a child and they have lasted. These reminiscences all go to show that when children are kept after school for something it makes the impression doubly strong. How quickly they forget business done during business hours, but how easily they remember business that interfered with pleasure hours.

A practitioner here said to me once, "Yes, it is hard to work when others are playing," which is true because we are losing something, and if so with us how much more must it be with youth and childhood.

The fact that the children have been deprived of play and that they are going to a definite place for oral examination would leave a lasting impression on their minds. If children come to you they are more deeply impressed than if you go to them, as is demonstrated by the bawling children who come to the office. It seems, too, the disadvantage of incomplete equipment and the inconvenience brought about by moving here and there would play an important part and would be very materially obviated.

Thanking you kindly for this rare opportunity, and your forbearance with me as a young practitioner whose heart and soul is wrapped up in this subject, and who will be ever ready to assist in the work at hand, I beg leave to close this paper. Before doing so, however, I wish to state that whatever our course may be it will be found faulty, and it behooves us to bustle into action and find our discrepancies.

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### WHEN WAS THIS ROOT INFECTED?

By F. C. KINCAID, D.D.S., LENA, MISS.

I ADDRESS this to the bacteriologist of the profession to learn if infection occurred at the first operation or the last one. I will state the clinical history of the case:

The patient is a lady twenty-three years of age. Some three or four years ago, there was restoration of the mesial angle of the central superior incisor made of gold by an inexperienced operator. Twenty-four hours later the filling had to be removed on account of being too near the pulp. Devitalization was resorted to and nerve

removed. The root canal remained open about two months and the tooth became infected. Then treatment began and an acute alveolar abscess was formed. It was then treated and cured. The root canal filling was inserted and restoration of gold was made again. It remained some three years and a portion of the filling gave way, and the patient called upon me without any uneasiness of the tooth. Upon close examination I found all surrounding tissues appearing in a normal condition, and I advised refilling.

I applied the dam and sterilized my burs: removed the portion of gold that remained and found the root canal filled with cement up to about the apical third which was not filled, and on removal a bad odor was observed. The apical foramen was open of course. I sterilized my broach and used a small piece of cotton saturated with oil of cloves to prevent any irritation, and was very careful not to force any débris through the apical foramen. I dried out the canal and inserted a small pellet of cotton with oil of cloves; sealed up the root with cement, and twenty-four hours later an acute alveolar abscess was formed. It was treated and cured. I used every aseptic precaution that was possible.

Now could this have belonged to the facultative anaerobic class, left there in the first operation, and as soon as I opened the root canal to the infected portion and allowed a volume of oxygen to enter and come in direct contact with the bacteria caused them to assume their active vitality and multiply rapidly? Or could they have lived that long? I have no history as to the length of life of the bacteria where conditions are favorable to their presence.

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### TAKING OUR PATIENTS INTO OUR CONFIDENCE

BY M. HILLEL FELDMAN, D.D.S., NEW YORK CITY

A RECENT experience has prompted these remarks, and to hasten their narration I shall first relate the particulars in question, leaving the discussion to follow.

A patient presented for an examination of her teeth. On passing to the left upper cuspid of this young girl, I found a bur-drilled cavity in the labial surface thereof, from which a filling had dropped out. Questioning brought out the fact that she had been taken to a dentist several years ago for the purpose of regulating that cuspid, appearing, at the time, crowded out of the arch, and in supra-occlusion.

Judging from practical results, her dentist had done his duty well indeed. He had extracted a bicuspid, drilled a cavity in the canine, cemented therein a pin, and to this applied his rubber elastic band in a regular system of intermaxillary force as taught at college. The appliance thus utilized had finally been instrumental in bringing the erratic cuspid into line beautifully. No better results could have been accomplished by any other practitioner.

Where, then, lies the fault you will now ask? Why did this apparently satisfied patient leave her old faithful dentist for a new one? I shall here give the patient's own version as nearly as I can remember:

"He extracted one of my good teeth and spoiled this eye tooth so as to make it easier for him. If he had told my father that he intended to extract a good tooth and bore a cavity in this tooth (cuspid), I wouldn't have had this done to me."

In just this lies the secret of a *permanent success*: The dentist failed to take his patient into his confidence, neglecting to explain just what was to be done, and *why*! He did not clearly say *why* a good tooth must be sacrificed; why another good tooth must be drilled into. Here was a man practising what many in his profession do not interest themselves in, and performing his duty to the temporary satisfaction of his patient, yet saying nothing to guard his reputation against possible future malediction. However conscientious in his conception and diagnosis of his case, however skillful and considerate in his manipulation and treatments, that dentist made a failure in this particular patient's case, *because he left a wrong impression upon her*. And if ultimate success is to be judged by the growing clientèle such experiences must come under the category of *failures*.

At a time when dental circles are discussing means of popularizing dental information, the thought here presented cannot well be denied its due measure of consideration. I firmly believe in, and daily practice a system whereby a patient is given to understand the *why* and the *how* of erstwhile mysterious doings of a dental practitioner. The layman cannot appreciate what is being done for him, and it behooves us to set him right. If the dentist quoted above had explained that he was extracting a tooth in the arch to make room for the other tooth to be brought down, and if he had explained the necessity of drilling a cavity so as to afford secure anchorage for his intermaxillary appliance, all would have been well.

Which all goes to show that Elbert Hubbard is right when he says that a *dentist* cannot deceive his patient without certain detection.

**CAMPHO-PHENIQUE**

BY L. R. POND, D.D.S., NEW YORK CITY

For the treatment of wounds campho-phenique is prepared by adding one part, by weight, of pure carbolic acid to three parts of camphor, setting aside for twenty-four hours, and straining through gauze.

It is a permanent liquid, with a specific gravity of 990. It is thoroughly antiseptic, and possesses unsurpassed germicidal powers. It is non-irritant, non-poisonous, and a local anaesthetic. Is insoluble in water and glycerine; does not dissolve or stain; is of an agreeable odor and not disagreeable to the taste. It combines the cooling effects of camphor with the antiseptic properties of carbolic acid; it is painless in its action, and does not show acid properties.

Locally applied to wounds by means of cotton or gauze it prevents suppuration. When kept in contact with the skin for several days it produces an eruption, which can, however, be prevented by mixing the liquid with oil.

Injected hypodermically it gives the best results in aborting abscesses or boils, and relieving pain.

It is used with much benefit in after pain of teeth extraction, especially of ulcerated teeth; and for sensitive dentine and pulp-devitalization; also in pain and tenderness of teeth from poisoning, salivation, caries or necrosis of contiguous osseous structure, and in many cases of inflammation, pulpitis, pericementitis, alveolar abscess, stomatitis, etc.

It is also useful in temporary or permanent canal dressing.



## PECULIAR CUTS IN DENTURES

By J. FREMONT BURKET, D.D.S., KINGMAN, KANSAS

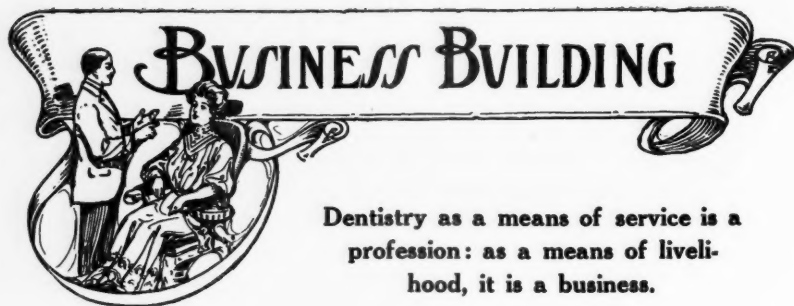
SOME time ago one of my patients presented with two dentures which exhibited most peculiar conditions. Between each two teeth was a deep line cut into the plate just as if a saw had been used. In some places these lines passed entirely through the vulcanite and made openings on the palatal surface. To the best of my knowledge and be-



lief this patient has never cut these places in the dentures, and indeed in some of the places it is difficult to pass anything between the teeth just above the cuts. Nor has a thread been used for cleaning.

A number of dentists to whom I have shown these dentures insist that the use of a thread has been habitual, and were it not for my knowledge to the contrary I should think such to be the case. So interesting has the source of these cuts become that I am sending the pictures for publication in the hope that a better solution will be offered.

Can one be suggested?



**Dentistry as a means of service is a  
profession: as a means of liveli-  
hood, it is a business.**

#### **SIGNS \***

THE question of signs will merit consideration after an office has been secured and equipped. The purpose of a sign is to furnish information and guidance. The purpose of a professional man's sign is to inform the public that a certain person is practising a certain profession in a certain place, and to serve as a guide whereby his office may be readily located. It would seem to follow that any sign that fulfills this purpose would be proper, but this is not wholly so, for appropriations and good taste must be considered.

A big, flaring sign with striking colors that attracts attention from a considerable distance is indeed a sign; but as it is an offense to the eye and indicates a lack of taste and professional dignity on the part of the one by whom it is used, it is inappropriate for anyone who wishes to attract the patronage of refined people.

On the other hand, there is the sign which is so small and indistinct, and placed in such an obscure position that it can only be found and read after a most diligent search. Two such cases come readily to my mind—one is in a residence street in New York City, and the man's name is so lightly traced in the corner of the parlor window that it can be seen from the street (ten feet away) only when the light or the position of the observer is just right. In this case the number of the house is also hidden from view, so that any stranger looking for this man's office is practically compelled to seek the assistance of the neighbors or the numbers of *their* houses. The other case is in a country town and the office is located on the main street. I was seeking this particular man, and upon inquiry was not told the house number but that his office was on a certain block. I passed along three times without locating him, and finally inquired again and was assured that I

\* Part of a chapter in Dr. Frederick Crosby Brush's forthcoming book—"The Business Problem of a Profession," Copyrighted.

was on the right block. Once more I went along peering carefully into each hallway, and finally behind a half outer door found his name in tiny letters upon an inner door that could not be seen from the street under ordinary conditions.

Neither extreme serves the real purpose of a good sign, for one keeps desirable patients away by offending their sense of good taste, while the other exhausts their patience.

Some vulgar men have gone to such an extreme in flaunting flaring signs that ultra-ethical men proposed going to the other extreme and advocate the doing away altogether with signs of any description. Both attitudes are unwise and undesirable.

If the office selected be in a private house situated close to the street a sign might be placed in a front window where it can be readily seen by passers by. In this case it should be of modest size, and of the nature of those generally used by medical men and may include, with the name, the letters of the professional degrees or the words "dentist" or "dental specialist," in order not to be mistaken for a physician. If the house be well back from the street, so that a sign in the window would not be desirable, it can be placed on the porch railing or steps at the entrance but so situated as to be plainly visible.

When an office is situated on an upper floor of a business building, it is well to have a small sign or tablet placed at the entry with the number of the floor or room, together with the name upon it to serve as a guide for finding the office. If in this case the office windows can be readily seen from the street, the name and specialty can be placed in one of them with modest sized plain gold letters.

Any of the so-called decorative plain wood signs attached to the outside of a building are usually objectionable and in poor taste. It seems unnecessary to comment on poster signs, announcing special kinds of work, prices, etc., that remind one of a fire sale in a shoddy clothing store.

In selecting the lettering for a sign avoid all attempts at ornate display, and fancy letters of all kind—stick to the plain, quiet dignity of the simple Roman letter which can be read at a glance.

One of the antiquated and illogical notions of the medical professions regarding signs that it is not strictly proper for a specialist to announce his specialty upon his sign. This may be all right from the ultra-conservative standpoint from which they argue, but it does not seem to take into consideration the convenience of one of the most interested parties—the public. The medical man needs the public (patients) quite as much or more than the public needs him, and yet if he adheres strictly to the code laid down for his guidance he must

not do anything that will enable the general public to know that he is in business and desires their patronage, or that he has any especial fitness for special work and desires to practise that exclusively.

From the standpoint of the public, consider how difficult it is to locate and determine anything about some individual practitioner, to learn something of his habits, his character, temperament, individuality, etc. It would seem as though the public was expected, when in need of medical services, to walk down some street, or streets, until a sign could be found, use second sight to determine whether it is the office of an oculist, aurist, dentist, surgeon or general practitioner, and then walk in and unburden themselves to whatever sort of man happened to be behind the sign.

Or else the seeker is expected to inquire of some friend, in whose advice and judgment he has no great amount of confidence and who perhaps in turn is not wholly satisfied and would like to make a change of dentist if it were not too much like making a leap in the dark.

Consider how quieting it is to one's peace of mind when, in an emergency, one tries to locate a physician, and in desperation calls up some one at random only to find that it is a dentist or an oculist or some other specialist that is needed and that valuable time has been lost.

Does it not seem reasonable that if we desire the good will and patronage of the public we should show consideration enough to designate on our signs or cards the special branch of the profession that we desire to pursue, in order to spare their time and patience?

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### A VIEW OF THE BUSINESS SIDE OF DENTISTRY, AND A STATEMENT AS TO THE PROFESSIONAL OUTLOOK GENERALLY\*

*(Concluded from November Issue)*

BY DR. E. K. BLAIR, WAVERLY, ILL.

DR. A. BROM ALLEN:

I want to say a word or two with reference to the automobile, because when Dr. Buckley referred to it it touched a tender spot in me. Again, when Dr. Buckley spoke of having no family and of running an automobile, I thought there was one exception, at least, to the rule, and

\* Read before the Chicago Odontographic Society, February 15, 1910.

that was Dr. Gethro. Dr. Gethro has no family nor wife either, but he runs an automobile, a thing which he could not do if he had a family. I was very much interested in automobiles at one time, and soon discontinued it. I think possibly when Dr. Buckley buys an automobile and runs it for a little while he will be a poorer and wiser man.

With reference to the question of fees received by the profession, it has been remarked that I am somewhat of a robber in my line, but I would rather have somebody accuse me of being a robber in the sense of charging reasonably good fees for my services than to have somebody say that I was cheap. But in regard to the extraction of teeth, I do not see any reason on earth why all cases of extraction of teeth should be regulated by a set fee of \$1.00 per, or \$2.00 per, for the reason that there may be a good deal more work to do in one case than in another. Sometimes in my practice I come in contact with cases of excementosis, where the root is enlarged and in a general way I do not see any reason why I should go down, even though I have a pair of forceps in my hand, and take away half of the lower jaw, instead of taking the dental engine and increasing the diameter of the socket so as to permit that tooth to come out without lacerating the gums, which is always uppermost in my mind in operating and charge that patient only \$1.00, even though the dentist who referred the case to me hallooed the next day over the wire, without the explanation, that the difficulty warranted an extra fee, as the patient would have explained if asked if there was any difficulty in removal. It is hard for people to understand this question of fees. There are dentists in this society who will say that all they have to do when they come to my place is to ask for what they want and they get it. I am not a mind reader. I am willing to meet anybody in regard to fees if they need it, or cannot afford to pay what I want, but when they have the money, and are able to pay a reasonable price for services rendered, I want it.

I have an old patient, for whom I did considerable dental work when engaged in general practice before I specialized with Dr. Slonaker, and she always had that polite way that milliners have when they do not want to sell a hat for less than \$75.00. When she came to me to have some teeth extracted she said: "I went to Dr. So-and-So and he wants from \$60.00 to \$80.00 to put my teeth in a healthy condition, but I cannot understand why that discrepancy of \$20.00 comes in." I said to her: "My dear woman, you are right across from Marshall Field's store; they cater to the best people in town; if you want an evening gown, and they charged you \$85.00 for it, you would think yourself in luck if you got it for that amount, and you would wear it a season and be perfectly happy, yet you want this poor man to do certain work for

you for \$60.00, and you do not want to give him \$20.00 extra for it. Yet you expect your dentistry to last for years, without a reasonable charge for the same; placing your mouth and health in a normal condition and not for a season."

DR. C. N. JOHNSON:

Mr. President: I hardly think it is fair to take any time to-night to speak on this subject, because I am to read a paper on it in a week or so at St. Paul. I want to pay my personal tribute, however, to Dr. Blair, and to thank him for coming here and presenting this admirable paper, a paper which has been to me one of the most inspiring contributions I have ever listened to before any dental society. As Dr. Bentley has said, it is fundamental. I have been interested in this subject ever since I began to practice as a young man, when my first experience brought me in contact with those men in the profession whose names I had read ever since I read dental literature. Coming in contact with these men personally as they began to grow old, and being confronted with the necessity of going down into my pockets with my friends to help to sustain them in their old age, it has made an impression on me and created an intense interest ever since my early days of practice, and if I have done anything to help young men I believe it has been as much along the line of teaching providence in the profession as it has in any other one respect.

The question of investments was broached, and I am sorry Dr. Gilmer did not say more about them. Let me tell you, gentlemen, the best investment any dentist can make is a home for himself and his family. As a young man this motto was held up to me: It is cheaper to rent than it is to buy a home. That is bad teaching. The average dentist, who owns anything at all, usually owns his own home. When you get that home paid for you are a better citizen than you were when you rented a home.

Dr. Gilmer did not make so serious an error as you seemed to think when he said that Dr. Blair saved more than he made. (Laughter.) Of course he saved more than he made, because the interest of his money was making money for him all the time. And as Dr. Gilmer said, do you realize what interest is? You certainly realize when you are paying it out, and so you must realize what it means when it is coming in to you. I believe the average dentist makes more money than has been indicated to-night, but if there is anything in which the dentist does make a mistake it is in his investments. The promoter, the mining shark, the stock broker, all look upon the professional man as an easy mark, and they do not look in vain.



There is a member of this society sitting here to-night who was offered a partnership in a broker's house, without putting a dollar into it, simply for the use of his influence with his dental friends to get them to invest their money in this brokerage business. That is something which should set us to thinking. The great lesson we are to learn from this paper is to save a little something, put it in a home, and when you get the home paid for, invest all the money you have to spare carefully and judiciously in other things. It is a hard thing to tell members of the dental profession how to invest their money, but it is something everyone should think about. When I am talking on this question I think of the young men because they are the ones to profit most by a discussion of the subject. I am hopeful that there will be a far less percentage in the years to come than in the past of old men practicing dentistry all their lives and dependent on others at the end of their many years of practice. I believe if the profession grows in that regard it will grow just as rapidly in a scientific sense. I believe that independence in a financial way makes a better and broader man. It makes him more efficient in every way. That is my conviction and I want once more to thank Dr. Blair for bringing this message to us. His paper is something that you and I will read after it has been printed with a great deal of benefit. As I have previously said, it has been one of the most inspiring papers I have ever listened to.

DR. BLAIR (closing the discussion):

It would be putting it mildly if I should say I am delighted with the kind and courteous reception I have met during the day in Chicago, and here to-night in this society. One of the best things in life is to have friends and to enjoy them. It is worth any man's time and trouble and effort if he has so conducted himself in his profession and so lived that his friends are glad to meet him. If I have lived up to that standard, as it has been spoken here to-night, I am thankful for it. Personally, I have regarded my life in a large measure as a failure. Probably it is a good thing to feel so. If a man has the courage to work on and yet is afraid he will not succeed, sometimes he succeeds better than those who are over-confident. In reference to our savings, let me say that distance often lends enchantment to the view. What little property I possess has been spoken of in terms far in excess of what I think of it. As glad as I am to have a few acres of land, I have not as much as I ought to have after thirty-four years of persistent toil. That is the point I am trying to impress upon the dental profession as represented by you to-night. We are casting into the balance a wonderful amount of energy, of educational training, and of long service, and I

contend that as good citizens and as faithful dentists we are entitled to a richer reward than we are receiving, and I also contend that when the public is brought face to face with the fact and given a clear conception of what we are doing and how invaluable we are to them they will accord to us that to which we are entitled. (Applause.) I believe one thing is being accomplished. Let me remind you of this fact. But a few years ago there was scarcely a man in the state of Illinois who would dare commit himself to writing, with the possibility of having printed, such thoughts as you are committing yourselves to here tonight. Men were afraid of their home surroundings, and the effect it might have upon their practice, but this great profession of ours has grown with such strides that these things are ours by right, and they will grow with the rest of the growth of this profession. I hope Dr. Bentley is correct in saying the paper presented is fundamental. We may safely plead our cause before the people upon its merits. The dual life is one which promotes scientific attainment and at the same time grants to us proper business results, and I agree with Dr. Gilmer that they ought to be yoked together and go hand in hand from this time on. I would not have you think that I was painting a gloomy picture. You know it is the optimist who sees the doughnut and the pessimist who sees the hole. There is a future for all young men who enter the profession who fit themselves for the work as they should do, and as Drs. Buckley and Cigrand and others have well said, we should give an honest service for an honest fee. . . .—*The Dental Review*.

### THE BUSINESS BUREAU FOR DENTAL SOCIETIES

BY HENRY GLOVER LANGWORTHY, M.D., DUBUQUE, IOWA

A MOVEMENT to establish business bureaus for county medical and dental societies with the idea of having a recognized attorney at their command who will call upon members regularly every quarter in a systematic attempt to collect old bills, will, after a little consideration, meet the approval of the majority of physicians and dentists. Some of the older members may not at first regard the installation of such a system with any degree of favor. They are pretty sure to state, and with considerable truth, perhaps, that "such schemes have been tried and failed." While this statement is, of course, no indication that fundamentally the idea is wrong, still the proposition to-day must be one intensely practical and be, moreover, the natural outgrowth of newer con-

ditions or it is pretty sure to meet the same fate. Even failures have their fruitful lessons. The plan which I present for your approval and which the writer has succeeded in having adopted by the Dubuque County Medical Society, is to simplify as much as possible the ordinary plan of business coöperation and apply it in a way that will fit county societies of smaller cities, where it is often badly needed. The method of the elaborate self-running bureau of a center with a million population carrying its trust deposits, is not fitted altogether for the starting point of a business bureau in comparatively small communities, hence the changes suggested. The essayist is bold enough to hope that some such plan as proposed may be adopted by every county medical and dental society of any size in the United States in the not far distant future.

Among the several reasons for the creation of practical collection departments for county societies may be mentioned: First, if the medical or dental society practically supervised the collections of all its members through its collection department, little personal offense could be lodged by patients against the dentist for bills running over twelve months. Second, many now almost charity cases (not by virtue of necessity, but through unwillingness on general principles to pay a doctor's bill) would become good pay. Third, the attorney representing the society would be able to make systematic quarterly collections for the doctor better than anyone the latter could obtain. While the matter of placing bill should, I think, remain optional, it would seem clear that an able attorney making a special business of the work could handle medical or dental accounts better than some unknown and irresponsible outside collection agency. The following plan and copy, the result of over eighteen months' work on this subject, will briefly outline the scope of the bureau at Dubuque and furnish a definite working basis to place before members. Its adoption is of too recent a date to allow of statistical data as yet, but as chairman of the bureau, I hope to be able to present in a subsequent paper the facts collected during the coming twelve months. That modifications must be made as time demands goes without saying. Printed copies of the abstracted plan in detail will be gladly furnished by the writer on application.

#### INSTALLATION AND PLAN OF BUSINESS BUREAU FOR DENTAL SOCIETIES

*Whereas*, it is deemed advisable that the ..... County Dental Society should adopt a business bureau,

*Therefore*, be it resolved, in meeting duly assembled this ..... day of December, A.D., 19...., that the same be and is hereby adopted,

and known as the business bureau of the ..... County Dental Society and that the said bureau be conducted along the lines and governed according to the following:

1. That ..... shall act as attorney for the ..... Dental Society in the capacity of conducting the business of the "Business Bureau" of said society, and pursuant thereto said attorney will call every three months upon dentists who are members of the ..... County Dental Society for statements of accounts, and will give receipts for same. That he will keep a separate and private record for each dentist's accounts and correspondence. That he will keep a complete system upon which will be notated the exact status and progress of each account. That he will make quarterly returns direct to the dentists as the business bureau committee may direct. That he will not bring suit on accounts without authorization and private arrangement with the dentist. That he will assist the committee in auditing accounts. That each dentist's account will be open to his inspection at any time, but to no other dentist, and all other business matters will be kept absolutely private. That due diligence will be exercised in collecting all accounts turned over and prompt settlement made after collection.

2. That the respective dentists will submit itemized statements of such accounts as they desire to place in the collector's hands. That dentists will receive remittances made directly to them from debtors. That on remittances made directly to the doctor on accounts in the attorney's hands, commissions will be paid, but no commission will be allowed on bills remaining unsettled or on money not collected.

3. That the committee of the business bureau of ..... County Dental Society may, at any time, audit the accounts in the hands of the attorney and shall in cases of dispute distribute to the attorney the amount of his commission and to the doctor the amount due him on such accounts. That the commission to the attorney on accounts collected shall be scheduled as follows, and on accounts collected in payments or installments the schedule per cent., per payment, will prevail:

|  |                |
|--|----------------|
| Collections of \$2.00 or under .....   | 50% commission |
| Collections of \$3.00 or under .....   | 40% commission |
| Collections of \$4.00 or under .....   | 30% commission |
| Collections of \$5.00 to \$10.00 ..... | 25% commission |
| Collections over \$10.00 .....         | 20% commission |

4. That all expenditures in conducting the collections by way of record files, all paper, envelopes, stamps, etc., shall be borne by the attorney.

5. That said attorney, ..... shall be appointed by the committee for a term of three years, subject, however, to removal by

the business bureau or society for unwarranted neglect, dishonesty or general incompetency.

6. That the attorney shall arrange a reference list as to financial standing and responsibility of patients, accessible to members of the .....County Dental Society, but to none others. This list, together with such additional lists and information deemed justly the private property of the society, shall be turned over to his successor in case of withdrawal, dismissal, or for any other reason.

7. These articles and the power given the business bureau committee may be altered or curtailed by a two-thirds vote of members present and voting at any regular meeting, previous notice of such action having been given all members sixty days in advance.

Signed, Committee

.....  
 .....  
 .....  
 .....Chairman.  
 .....Attorney.

It will be noted in the foregoing that the establishment of the bureau has taken the form of a simple resolution and that no ironclad contract is entered into between society, or rather business bureau committee, and attorney. The commission schedule here adopted is the one very kindly furnished me by the manager of the Business Bureau of the Chicago Medical Society. While unquestionably a little high, it probably forms the best working basis of any present schedule, especially as many of our first accounts are most undesirable. In closing, the essayist requests that some special thought be given to this subject, as the earning of a competence and its securing for one's self and family will ever be before the doctor.—*The Dental Review*.

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TO AVOID IRRITATION OF CEMENT WHEN SETTING CROWNS.—Very often the mounting of crowns or bridges with cement causes considerable pain, and this can be avoided to a considerable extent by coating the outside of the bands at the gingival portion with vaseline. This allows the cement to slip away from the gum margins, thus avoiding its irritating effect.—R. E. MACBOYLE, Chicago, *The Dental Review*.

## BEAUTIFUL OFFICES

If you want a dental magazine to do something unholy, something that will make most ultra ethical dentists throw up their hands in horror, let a dental magazine publish something written by a dental salesman. Well, here is something. Mr. F. H. Field, Manager of one of the dental supply houses in Sacramento, Cal., has secured from two dentists who were too modest to publish these subscriptions, the following photographs of some beautiful offices, and a description of them. Our thanks are due to Drs. Giffen and Kestlar and to Mr. Field.

When some dentists have read this far they will say, "That is all well enough, but that salesman sent those in to get some business." Maybe he did. I don't see what difference that makes to you and me. Because there are about 10,000 subscribers who live so far out of that man's territory that he couldn't sell to them. And many of those 10,000 are planning to refurnish or rearrange offices.

You would be surprised if you knew how many dentists are awakening to better business possibilities and are taking the first really productive business steps of their lives. In such a course, the adoption of wise plans for furnishing and arrangement are important. Let us have more.—EDITOR.

THE operating-rooms are fitted in white enamel throughout with hardwood floors in the entire suite. Dr. Giffen's operating-room contains an Imperial Columbia Chair, Ritter All Cord Engine, Clark Double Bowl Cuspidor, S. S. White Tool Bracket, American No. 58 Cabinet, a special design Switchboard, Medicine Cabinet, Bracket Table and Sterilizer. His bracket table consists only of a nickel frame which holds a Lee Smith Holmes Booth aseptic table top. His gas burner is so connected and wired that when he turns on his gas he at the same time lights the burner. The switchboard is made of onyx, contains both faradic coil and castery, and is equipped with air regulator and two air gauges. His switchboard is so wired that no wires show, all inlet and outlet terminals are in the rear and switchboard accessories are mounted on an onyx distributing block, which is itself mounted on an extension telephone bracket, and can be drawn to or from the chair at the will of the operator, the distributing block being connected with the board by a cable containing all wires. His cabinet is a low top No. 58 American cabinet design, metal lined with aluminum and glass trays throughout. His medicine cabinet is a special design and is mounted on the wall, above his cabinet, and consists of a series of glass adjustable shelves, only deep enough for one bottle. His sterilizer table is fastened on the wall and consists of two glass shelves, the top shelf holds the sterilizer and at the side of sterilizer there is room for one Booth tray to rest while putting instruments in the sterilizer. The second shelf holds an extra Booth tray. These trays are changed



for each patient. Above wash basin are three glass shelves for glasses, etc.

His dressing-room is equipped with dressing-table, mirror, wash bowl, individual towels, and contains a set of ivory toilet articles.

His private office contains roll-top desk and sectional bookcase.

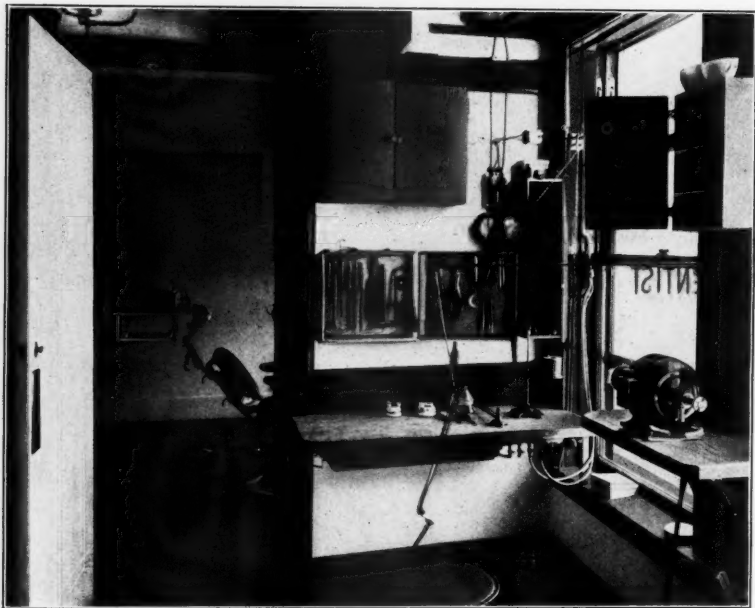


Dr. Giffen's Operating-room

The laboratory is equipped with an oak work bench for each doctor with gold drawers. These work benches are equipped with engines for convenience in laboratory use. The air and gas cocks are under the laboratory benches, which also contains racks for blow pipe, etc. The Ritter alternating current motor is mounted on a shelf between the benches. This laboratory also contains a large sink and a large plaster bench, also oak, beneath which are drawers and plaster bins. Both the doctors have laboratory instruments, pliers, files, etc., mounted in small cabinets above their respective benches. Separate cabinets contain impression trays, vulcanite instruments, rubbers, investments, etc.

Dr. Kestlar's operating-room and private office is identical with Dr. Giffen's with the exception that he has a new model Wilkerson chair, and his cabinet is a special design and is mounted directly on the wall.

The reception-room is furnished in a fine satin walnut. They have a system of electric bells which is very efficient. There is a bell for each doctor in the reception-room with his name underneath. Both private offices are equipped with telephone and bells, so arranged, so that if one answers the telephone and the other is wanted, he can call



Dr. Kestlar's Laboratory

him. Also bells from each switchboard and private office to call the assistant.

The aim in planning and equipping these offices was to produce as clean and sanitary an outfit as possible. All electric wiring is concealed and brought, and at the point where applicant is used to, sterilizer, spray bottle heater, etc. Nothing sets on or is fastened to the floor where it is possible to avoid it. This does away with the necessity of moving or sweeping around fixtures.

The hardwood floors obliterate necessity for rugs, of which there are none.

Convenience for working and simple neatness and richness, without anything elaborate in the way of fancy furnishings, with the minimum of work to keep the entire office, laboratory included, in a spotless condition, has been the idea aimed at and produced.

## CO-OPERATION REGARDING DENTAL FEES

ARTHUR KIDDER, BUFFALO, N. Y.

Now, with regard to dental materials and supplies, the question is: Are *we* the consumers and shall *we* pay the increased price or shall we pass it along to our patients? There may be those who will contend that we are professional men, not merchants; that we utilize our materials in rendering professional services, and are not retailers of silver and gold, and rubber and porcelain.

This may be very fine ethical sentiment, but I belong to that modern school of commercialized professionalism, which strives to combine modern business methods with professional practice, and I am of the opinion that the patient who receives our services in the shape of an amalgam filling or a porcelain crown or a rubber plate is really the consumer of those articles. Therefore I contend that any increased cost of office practice should be assumed by the consuming public. Let us be professional men, rendering professional services, but in adjusting our fees let us take into consideration the cost of living and office maintenance.

Let me make some suggestions for coöperation regarding fees by taking up our daily work and discussing the remuneration we receive for certain operations. Let us begin by supposing a patient presents herself for consultation. Right there we strike our first snag, for the prevailing custom is free consultation. Such a condition is a disgrace and a reflection upon our self-esteem, for advice which is given away is considered worthless. Both the legal profession and the medical profession, of which we are a branch, exact a fee for consultation. The last time I had occasion to consult a physician I paid \$2.00 to have him tell me there was "not a thing wrong" with me, and that all I needed was to walk out daily in God's good sunshine and help myself to large quantities of fresh air. Many a man has paid an attorney a consultation fee of \$5.00, only to be told that he was an ass even to suppose that he had a case.

But the dentist very often devotes considerable time in advising patients about work which they afterwards have done elsewhere. A few weeks ago a young woman occupied three-quarters of my evening office hour in consultation and advice, and the other quarter in putting on her gloves while she told me her troubles with the servants, and how her grandfather had "a double row of teeth all around." When she went out she borrowed my umbrella and my wife's raincoat and I've

never seen her since. What did I get out of it? Well, I was lucky. She actually gave up the goods to the boy I hired to go after them. Some dentists give up a certain hour of the day for consultation, but only a few make a distinct charge for such services. It is a custom which we might all co-operate to establish, and leave "free consultation" to the advertising man.

We claim to be a branch of the noble profession of medicine, but would any reputable physician administer a general anesthetic, assume the risk and responsibility of human life, for a dollar, and perform even a minor operation in oral surgery for *twenty-five cents*? Were the extraction of teeth, under general anesthesia, in the hands of the medical profession to-day, the fee exacted would be at least five dollars.

Like most of our patients, this gentleman's work consists largely of amalgam fillings. He points with pride to some which were inserted forty years ago at one dollar apiece, and, at the same price, we place some more which he will carry to his grave. Shoes rot away, clothes wear out, carpets become threadbare, and furniture goes to pieces, but a good amalgam filling grinds on forever. The material things of this life pass away in a generation, while many an amalgam filling stands not only the stress of this life, but will serve in the life hereafter, where the Bible says "there shall be the weeping and the gnashing of teeth."

I hope to see every man put his practice on a good paying basis. There have been too many men eminently successful in their profession who were utter failures in their finances. The history of dentistry is strewn with the wrecks of prominent practitioners who practically maintained a private infirmary for the public good, and, dying, left their families with mortgaged homes and bad debts. It is the duty of every man to make provision for his family and himself in his old age. The time to accumulate even a small fortune in dentistry is very short, the working days of the average dentist being only twenty years, of which the first five are consumed in getting a practice, the second five in getting out of debt; then follow a few years of increasing work, and in the last five he breaks down under the nervous strain and becomes a physical wreck.—*Dental Practice*.

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NEW KINDS OF TEETH.—"And now, Jimmy Norton," asked a Bronx school teacher the other day, "how many kinds of teeth are there?" "Two, ma'am," replied Jimmy; "quinines and cuspidors." —*New York Press*, Sept., 1910.

## THRIFT

A city dentist had a practice that brought him three thousand dollars a year. Between graduation and the day he was forty he must have earned thirty-five thousand dollars. Yet when he got to the latter age he had not saved a dollar apart from a five-thousand-dollar endowment life-insurance policy, carried for the protection of an unmarried sister. The rest had gone for rent, clubs, pleasure. He was an active man-about-town, fond of late suppers, and must have spent fully a hundred dollars a month in bachelor entertainment, theaters and trifles.

One of his club friends was an officer in a building and loan society, and much given to talking thrift. The dentist didn't want to save. He thought thrift sordid, and felt capable of earning what money he needed. Besides, he was prejudiced against these organizations because a class-mate of his had lost five years' savings through the failure of a notorious "national" association, organized by real-estate promoters on a speculative basis. His club friend kept after him, however, explaining the conservative plan of the local building society, and finally got him to take twenty shares, upon which he was to pay in at least twenty dollars a month. The dentist did better. At the end of a year he had five hundred dollars to his credit, and was interested. Within the next six months he doubled this, for he was now going about town less and attending to his practice.

In the northern part of the city there was a two-family brick house for sale at an attractive price, being worth nine thousand dollars in a good market, but obtainable for seventy-five hundred dollars. The dentist bought this house, paying his one thousand dollars cash and assuming a sixty-five-hundred-dollar mortgage that called for payments of sixty-five dollars monthly. The two tenants paid a total of sixty dollars a month, and as ten dollars of this covered taxes, insurance and repairs, he carried the property on only fifteen or twenty dollars monthly of his money.

This place was kept for five years, during which period he stuck closer to his practice than he had ever done before and saved considerable money apart from his mortgage payments. Then the house was sold for nine thousand dollars, and when the remainder of the mortgage had been cleared off he found himself possessed of ten thousand dollars in clean cash. This has been put away to form the nucleus of twenty-five thousand dollars he means to have by the time he is sixty, which will yield an income of from eighty to one hundred dollars a month.—*Saturday Evening Post.*

## KRISP AND KAUSTIC

BY HEMAN ANDERSON, D.D.S., PERTH AMBOY, NEW JERSEY

GOOD health is essential to good work. A short vacation occasionally is necessary to keep yourself in that condition.

A NEAT, clean artistic office is more attraction and desirable than a gaudy unkept one.

LOOK and act prosperous and associate with good people, but don't attempt to live beyond your income.

IT'S cheaper to extract an ulcerated tooth than to treat it and not get any extra pay for doing it.

A DEPOSIT on dental work secures the dentist and makes him have a good bank account. While "promises to pay" is often a forerunner of a sheriff sale.

IT'S a mighty good idea to attend dental conventions and hear how other men run their practices and business. Talk to the successful ones only.

DON'T build air castles. A dentist must earn his money by the "sweat of his brow," unless he is a schemer, and they generally die poorer than the proverbial church mouse.

A LITTLE money invested in real estate or a savings bank is better than thousands invested in a worthless mine or oil stock.

BIG department stores hustle most for business at two distinct times—when business is dull and when business is good. The average dentist is too independent to look at new patients when he is busy.

A PLEASANT, courteous manner is a mighty big asset to any dentist.

THE smell of tobacco on a dentist is offensive, but the odor of liquor is a sure practice killer.

IT'S conceded by everybody that women will talk—Are your office, equipment, clothing, finger nails and manner such that their talk will be favorable and not otherwise?

LOTS of dentists know how to make money but few know how to save it.

## EXPERIENCES

August 5, 1910.

*Editor DENTAL DIGEST:*

I have taken no little pleasure in reading the articles in THE DENTAL DIGEST pertaining to building up practices, and especially those from men under the head of "Experiences."

If I can, I will tell mine, though I am not good at "telling stories."

I was graduated four years ago, located in a town of 10,000, with physician as office mate. Ten other dentists; good local society with a good schedule of fees, fairly high. I joined the society, stuck up for the prices, and in eighteen months had to get out of town. About the time I left another young man came into the town and started to advertise in two daily papers as follows:

|                        |                |
|------------------------|----------------|
| Silver fillings .....  | \$ .50 and up. |
| Gold " .....           | 1.00 " "       |
| Porcelain Crowns ..... | 4.00           |
| Gold " .....           | 5.00           |
| Plates .....           | 8.00           |

In about a year I heard he was "doing fine," and now in about three years, a member of the local society told me that "Dr. X was going to be taken into the society, as he wants to come in, and was going to quit advertising and behave." Same old story. After he has built up a good practice by advertising, he will quit and join society, and make the most noise about ethics!

Well to go on with myself, I came to Chicago and located in a locality with a good number of dentists, and failed in nine months. Moved about a mile and a half, located and advertised my business and location with the following hand bill in three languages:

## ANNOUNCEMENT

Inasmuch as a great many new people have moved into this vicinity this spring, I take this means of announcing to them, as well as to the old residents, that I am PERMANENTLY located at

## IN THE PRACTICE OF DENTISTRY

With a modernly equipped office I am able to offer you services to your entire satisfaction. I cordially invite your patronage.

Sincerely,

DR. ...., DENTIST.

Had business right from the start. Tried to do the best I knew how. Treated people as best I know how. The second month I took in \$115.00 cash; after six months \$191.00 per month; after twelve



months \$310.00; after seventeen months \$511.00 per month. I do not know where it came from. I am a poor business man, and have not much business judgment, but I do claim to be a mechanic and artist after our fashion. I now have about sixty-five patients to care for per week.

One incident I wish to relate. About a year ago when the Chicago Odontographic Society had its clinic, I would have been glad to pick up a few points. I was not a member, as I did not renew membership after leaving the other locality. (If I had been I suppose I would not have dared to advertise.) I was met at the door of the clinic by a portly and lordly looking gentleman who kindly greeted me by grasping my coat lapels, opening my coat and sharply asking, "Where is your badge?" This was new to me. "Oh, do I have to have one?" A wave of the hand to a table where money jingled and a lady took it over. "Pay up your dues and get a badge," said the gentleman. As I was then staggering under the load of debt incurred in college and through failures, I could not readily roll out a \$5.00 bill or more, so I hung my head down, said "stung" and went home.

Since then I have forgotten the society and get my points from THE DENTAL DIGEST. They want the fellow that's up and loaded up, and not the struggling honest one. I hurt no one by my advertising, and helped myself, wife and a darling baby. Was I wrong in doing it? If you can say anything to help, be sure it will be appreciated.

Sincerely,

(Signed)

V. J.

SEPT. 30, 1910.

*Editor DENTAL DIGEST:*

I am making twice the money I used to make and don't work any harder than I used to, simply because I have learned to talk patients into wanting what I want them to have and what they ought to have, and by so doing I make life-long friends and have built up my business, until I can hardly do the work.

Here is a method I make money with and also friends. When a patient comes in with a molar badly decayed, the crown practically all gone, and they want it extracted, I tell them that I can remove the nerve, absolutely without pain, and make an inlay, which will replace the crown of the tooth, perfectly, and will last for years.

I put a dowel in one or more roots and cast an inlay of acolite and get from five to eight dollars for it, and the time it takes is very small and the result is fine.

PENNSYLVANIA.

## KEEPING UP TO THE MARK

*Editor DENTAL DIGEST:*

"THIS MORNING I arose from bed again with a nervous headache, didn't sleep very well last night and the thought of breakfast nauseated me; I said I guess I had better take a cup of coffee though before the first appointment to brace me up. My stomach has gone back on me the last few years, and every year I notice I am getting more nervous. Well, I'm getting old. Tonics and cathartics seem to give me only temporary relief; I think a Turkish bath once a week would help some. I've got to do something."

The above description accurately expresses the feeling and physical condition of over 75 per cent. of the active practising dentists in this country to-day, confined to a radius 30 feet from their dental chair, eating too much, doctoring too much, smoking too much, and never thinking out-door physical exercise is necessary or that they have time for it. Wouldn't it be awful if Mrs. DuRyster Rynlander called at 9 A.M. or 5 P.M. with a toothache and you were riding horseback, throwing a medicine ball, playing tennis, and think of that \$5 you would miss?

Well, Mr. Busy Dentist, that other 25 per cent. of the dentists don't have their appetites go back on them, need tonics or Turkish baths (they get natural ones), or feel older than they were in college days; and they are not very far behind you in net income when the years of business are figured up, for you can't forget that cold you had which laid you up for over a week last winter; and when you had those dizzy bilious attacks, you were not practising for half days at a time, and think of the grouches you had which scared many a good patient away because you had a sour stomach.

You can change all this, tone up your whole system and get a lot of pleasure by just doing what the 25 per cent. do, and you like out-door games if you only knew it.

Now that winter is coming on, and tennis, golf, etc., are impossible (at least in the northern states), go join the local Y. M. C. A.; buy Spalding's Rules of Hand Ball, ask the physical director or a member to play a game with you; or mark out a court in or outside any brick wall that has 50 feet of level ground adjacent, play just one hour twice a week and figure up if it does not pay to miss that early or late appointment. Now don't use that excuse of the man who never gets to the dentist, "I am going next week." Do it now.

Yours respectfully,

W. T.



# PRACTICAL HINTS

TO MAKE COTTON STICK TO SMOOTH  
A BROACH.—Pass broach through flame,  
then draw it through beeswax, wrap-  
ping cotton immediately.—A. V.  
WHITE D.D.S., Pasadena, Cal.

EMBALMING THE APICAL ENDS OF PULPS.—Place a drop of glycerol on a glass slab. The glycerol contains one-half of one per cent. of formaldehyde. Add to it a piece of thymol the size of a grain of wheat and an equal amount of alum. Mix. By adding the thymol in this manner it is kept from flying when it is crushed. At this stage the mixture will be too thin for use and oxide of zinc should be added until the mixture is as thick as a stiff cement.

The ingredients of this mixture, as everybody knows, have been used by many for a long time. The point of interest is that by mixing it fresh each time it is used, it is much more efficacious. When mixed immediately before using, no difficulty will be found in embalming the apical ends of pulps, even in tortuous canals.

By keeping at hand the four small bottles containing the elements of this mixture, little space is occupied and little more trouble involved than when the mixture is kept, already prepared, in a larger bottle. The freshly mixed preparation is efficacious where results with the other would be doubtful.—W. X. HECKARD, D.D.S.

FOR PIN HOLES IN CASTING.—Copper wire slightly tapered is just as efficient as graphite rods for pin holes in casting. It never breaks and does not have to be drilled or dissolved out of casting. Copper wire is soft and cores can be easily pulled out with a slight twist of the tweezers and again used many times.—H. L. HARLAN, D.D.S., Boonville, Mo.

TO RELIEVE THE SENSITIVENESS OF A PARTIALLY PREPARED CAVITY WHEN OPENED UP.—Oftentimes a partially prepared cavity in which a temporary filling has been placed will show greatly increased sensitiveness when again opened up. This is caused by a slight acid condition arising from bacterial activity under the temporary setting and may be entirely relieved by wiping out cavity with soda solution on a pellet of cotton.—V. C. S.

A GOOD PLASTER BOWL AND SPATULA.—Buy a plain sherbet glass for 10 or 15c. and a child's size silver-bladed pearl-handled knife for

about \$1 to use as plaster bowl and spatula when taking impressions. Their clean tasty appearance will be appreciated by your patients. The plaster when set slips easily out of bowl when moistened.—V. C. S.

**PAIN AFTER EXTRACTION.**—Dr. T. B. Welch's recipe for after extraction pain, periostitis, etc., works like a charm. The formula is as follows:

|                                      |      |
|--------------------------------------|------|
| Spiritus vini rectificatum . . . . . | 3 i  |
| Chloroform . . . . .                 | 3 ii |
| Sulph. Ether . . . . .               | 3 vi |
| Gum Camphor . . . . .                | 3 ss |
| Tr. Opii . . . . .                   | 3 i  |
| Ol. caryophlli . . . . .             | 3 ss |

Sig. Introduce into the socket on cotton.—L. R. POND, D.D.S., New York.

**CEMENT—ALLOY FILLINGS.**—An excellent filling for frail teeth where color is not material, is made by adding some good alloy to the powder while mixing, using about equal parts. Roll between the fingers, adding powder and alloy by dipping the mass into the dry powders until quite stiff. Insert quickly, polishing when thoroughly hardened.—A. V. WHITE, D.D.S., Pasadena, Cal.

**REPAIRING BROKEN PLATE.**—To hold broken edges of plate together for making model, with small bur drill two sets of holes in edges of plate to be brought together; pass a piece of binding wire through opposing holes, twisting it tight on the outside of plate. This will draw broken edges into absolute contact. Pour model: when hardened remove wires, and proceed according to usual custom.—A. V. WHITE, D.D.S., Pasadena, Cal.

**VULCANIZABLE GUTTA-PERCHA.**—When crack in plate runs along the palatal side of plate, and you desire to force or flow the rubber into the space, warm a little vulcanizable gutta-percha and pack well into the opening. Pack rubber over this and close with pressure. The vulcanizable gutta-percha will flow much better than any ordinary vulcanite.—A. V. WHITE, D.D.S., Pasadena, Cal.

**STERILIZING INSTRUMENTS.**—It is one's moral duty to fear infection. We should be particularly careful with ourselves and our patients. In addition to the general sterilizing of our instruments, three glasses

with chemicals should be at the bracket table—one with 50 per cent. solution of tricresol, one with formalin, the last glass with pure alcohol. Dip the series of instruments to be used into the successive glasses just before operating. Thoroughly wash off the drugs in the glass containing the alcohol and (over a lamp) burn off the alcohol, which should be plentiful upon the instrument. Finally, wipe dry and well with bibulous or other absorbing paper. The use of alcohol is especially a good practice with our mouth-mirrors. The gentle heat pleasantly prepares them for the mouth, so desirable in cold days, and helps against "clouding." The process is ideal for clamps, separators, matrices, needles, scissors.—M. J. EMELIN, D.D.S., *The Dental Brief*.

PUTTING IN CONTACTING FILLINGS.—You will find in putting in contacting fillings it will be very advantageous to use a little orange wood wedge, placed well into the interdental space, forcing the matrix closely around the tooth at the gingivæ. It will prevent an excess of filling at the gingival margin. It is well to finish the occlusal surface of alloy fillings while soft, being careful not to leave one higher than the other regardless of articulation. The marginal ridge must be prepared while the filling is soft.—J. A. GARDNER, D.D.S., *The Dental Brief*.

SAVING THE MOUTH MIRROR: CAUTIONARY.—It has been suggested that by placing a moistened microscopic cover glass upon the mouth mirror it will be protected from being scratched when in use. Microscopic cover glasses are very thin, they are quite brittle, at times the slightest touch shatters them. Furthermore, held to the mirror by the uncertain adhesion of simple moisture, what might happen if the cover glass became displaced and promptly disappeared down the patient's throat? What might happen if it was shattered, and a few splinters were swallowed? When we consider the position of the patient, mouth wide open, the head thrown back, and the entrance to vital parts a wide open funnel ready to receive anything that may fall into it, and that once fallen into it how quickly it becomes a source of the greatest danger, better by far scratch a thousand mouth mirrors than adopt so risky an expedient.—T., *The Dental Brief*.

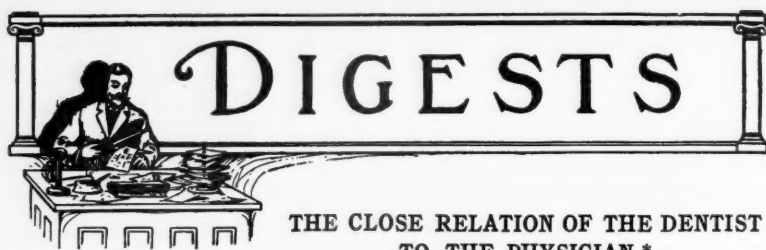
CONDENSE THE AMALGAM.—Another point not brought out, I think, perhaps is that the greater the condensation of the amalgam in the cavity the greater the strength. It was shown when amalgams were packed under a pressure of about 500 pounds it more than doubled their capacity to bear weight. Another peculiar thing shown by Dr. Ward recently was that amalgams that will bear a stress of 200 pounds when

recently mixed, inside of eighteen months seemed to have been reduced to about sixty pounds. Fillings which have been inserted for some time gradually lose their strength. You will know in cutting old fillings, they seem to cut easier also, and they will not bear the same pressure they did when originally inserted. In consequence of this it seems very desirable to make all amalgam fillings to bear an excessive amount of stress just when put in, because we know they are going to deteriorate after a time.—A. E. WEBSTER, *Dominion Dental Journal*.

**TO EXTIRPATE PULP TISSUE FROM ROOT CANALS OF ANTERIOR TEETH.**—To extirpate pulp tissue from large root canals of the anterior teeth, in cuspids especially, I recommend the use of large root of two extra fine broaches in one handle, instead of one large broach. The two broaches should be glued into a vulcanite Donaldson handle, making almost one point, or the thick ends of the broaches should be heated in heavy pliers and quickly forced into the back end of the vulcanite handle. The play of the two broaches is effective and eliminates the chance of passing them inadvertently through a large apex of the root. In several instances they have given me gratifying results.—*The Dental Brief*.

**IMPORTANT APHORISMS APPLIED TO PLATE WORK.**—Don't forget:

1. That plaster is always a reliable impression material.
2. That the more difficult the case to obtain an impression, the more necessary the plaster.
3. That the only portion of the upper jaw which never changes is the hard palate.
4. That unless provision is made for the setting of the alveolar ridge, it is only a question of time when the plate is resting and rocking on the palatal surface.
5. That the vacuum cavity is not at all needed to retain the plate, and, also, if used is sooner or later rocking the plate.
6. That the remedy, in a metal plate, is the covering of the entire hard surface with a thin film of wax (the "relief"). In a vulcanite plate, scraping the impression.
7. That there is no necessity nor advantage in scraping the soft portions of the model in any case.—L. P. HASKELL, D.D.S., CHICAGO.



THE CLOSE RELATION OF THE DENTIST  
TO THE PHYSICIAN \*

B. E. BUSH, M.D., CHICAGO

MORE intimate coöperation between dentist and physician would be beneficial alike to the patient and to the profession. Dentistry is a specialty of medicine; the stomatologist, with a broad knowledge of general medicine and a particular training in his own field, is exactly on a par with the oculist, the laryngologist or the obstetrician. Thorough knowledge of the principles of medicine must underlie all successful treatment of disease, and the patient must be regarded as an individual, not a collection of separate organs, each to be treated alone. Since one region of the body cannot be isolated from the entire organism or separated in its development, nutrition, function or diseases, neither can its treatment be a separate matter. The person attempting to treat one part of the system must understand the whole, at least broadly, in order to apply general pathology and therapeutics to his particular part. With this intelligent survey of the whole field, the dentist can be a most efficient factor in the prevention of disease and in its successful treatment. A fuller appreciation of their mutual interests would bring the family physician and dentist more often together in their work.

Many cases of general asthenia, malnutrition and anemia under medical treatment are primarily due to oral causes; and not all the tonics in the Pharmacopœia will suffice to cure the patient who cannot chew his food, or who is constantly swallowing bacteria and their products from conditions of oral sepsis, such as dental caries and pyorrhea. In daily practice, these unfortunate patients are a trial to their physician, who seldom accomplishes much toward permanently relieving their state of health until he examines the source and not the sequel of the symptoms, and insists on proper treatment of the mouth and teeth. The careless doctor, who hastily writes a prescription for pepsin for the dyspepsia, cascara for constipation, or iron for the evident anemia in such a case, will be disappointed in the results of his treatment unless

\* Read in the Section on Stomatology of the American Medical Association, at the Sixty-first Annual Session, at St. Louis, June, 1910.



he goes much farther and seeks and removes the cause of the trouble. Consultation with an able dentist will often save the patient great expense and much depreciation in health, and prove the real way to recovery; whereas months of desultory medical treatment alone would bring only trifling and temporary improvement of symptoms—to the disgust alike of the patient and physician, who often part company at this stage with a feeling of mutual relief. The busy physician dismisses the matter from his mind with the thought that "there's no satisfaction in treating these chronic cases that are all run down," while the patient either plods along on a lower level of efficiency than he should be occupying, or suffers still further from the natural development of his morbid state. After a time secondary conditions arise. Chronic nervous and mental disturbances may appear, neuralgia, insomnia and the various fatigue neuroses, leading, in neglected cases, even to a complete physical and mental breakdown.

A fair view of these cases shows that the terminal symptom-complex was rendered possible by the low vitality of the patients, that is, by anemia and malnutrition, due to a chronic indigestion caused by imperfect mastication due to faulty teeth. Therefore, the logical early treatment was dental rather than medical; and the family physician should have pointed this out. Among his many mistakes, the sins of omission are not the least important.

Still more is this true in the case of children, in whom neglect of proper dental treatment leads often to defects of growth that become irremediable. Living proofs of this are to be seen on every hand, but even yet are not receiving the attention they merit. Take for example, the numerous cases of nasal obstruction with adenoids, enlarged tonsils, and often recurring catarrhal inflammation with or without extension to the frontal and maxillary sinuses, or the Eustachian canal and middle ear or mastoid cells. How many physicians or general surgeons realize the advantage of coöperation with the dental surgeon in the treatment of these children? It is not enough to tell the parents to have the child's teeth attended to and his tonsils and adenoids removed. In too many instances this does not end the trouble. The narrow arch and nostrils and high palatal vault with deflected septum will maintain the habit of mouth-breathing; the pharynx and mouth will be dry and irritated; the larynx, trachea and bronchial tubes will be injured by the rapid inhalation of unwarmed, unfiltered air, and danger to the lungs may ensue. As the child attempts to overcome his mouth-breathing habit, he is obliged to breathe more slowly and less deeply than normally through his nose, and suffers from the diminished supply of oxygen. His impeded respiration requires an increased action of the voluntary

respiratory muscles and leads to faulty growth of the chest wall, resulting in protruding sternum and scapulae, high shoulders and spinal distortion, while his whole respiratory condition impairs his vitality and favors the onset of disease, colds, catarrhs, deafness, mastoid disease, quinsy, tonsillitis, rheumatism, diphtheria, scarlet fever and tuberculosis. And this is not all. The child of this type has a narrow arch, too small to accommodate his permanent teeth. As these are erupted, the crowded teeth may give rise to much prolonged pain and nervous disturbance which the undervitalized child is ill able to bear. With his irregular teeth he cannot masticate his food properly, and again his nutrition suffers. Deprived of abundant oxygen and digestible food-supply, he becomes the easy prey of the diseases of adolescence. The remedy is plain, namely, proper combined dental, surgical and medical treatment early in the case, and continued long enough to correct the deformity.

The surgeon and the dentist may well work together in the treatment of fractures of the jaws, in which the dentist can make a splint for retaining the fragments in position until bony union occurs, much more satisfactory than the one the surgeon is likely to buy or devise for himself. Even in the surgery of the cranial vault, a closer association of surgeon and dentist would benefit the patient, the dentist's familiarity with the dental engine enabling him to cut with delicacy and precision in places where the ordinary trephine or chisel would be most unsatisfactory and hazardous. So also with the drilling of holes for nailing or wiring bony fragments in fractures of the long bones, the drill operated by the dental engine being far superior to any hand drill or to the hammer and nail which too often splinter the bone. In some orthopedic work, the dentist, with his greater knowledge of mechanics and skill in the use of metals, could often help much in the adjustment of splints and appliances.

In various suppurations about the head and neck, the surgeon is often at a disadvantage without consultation with his dental confrère. Antral disease of nasal or dental origin, parotid or submaxillary abscesses, swollen or suppurating cervical lymph glands, periostitis or necrosis of the maxillæ may be due, more or less directly, to faulty dental conditions—a fact which the surgeon is apt to overlook, but which is readily apparent to the dentist. The more obscure cases of neuralgia (so-called) will sometimes require the united efforts of dentist and physician to illuminate their etiology and direct their successful treatment.

Another line in which the physician and the dentist may help each other is the giving of anæsthetics. Few general surgeons are fully acquainted with the many advantages of nitrous oxid and not only omit to

use it when operating themselves, but advise patients not to take it, even for dental operations. Such advice must result from a meagre knowledge of its effects, and cannot be other than detrimental to the patient's interests in many operations in which anaesthesia is required for but a short time. For prolonged operative work the combined use of nitrous oxid and oxygen gives a satisfactory anaesthesia in most patients, especially in those with chronic bronchitis, valvular heart disease or some other contra-indications for either chloroform or ether. The ease and rapidity with which the patient is put to sleep, the safety with which that sleep may be prolonged by giving oxygen with the nitrous oxid and the quick awakening to consciousness, usually without nausea, render this method of anaesthesia an ideal one for many dental and surgical operations, although there are certain drawbacks to its use. It is more expensive than chloroform or ether, less readily obtained away from large cities, less easily kept on hand for emergencies and less easily carried and handled outside of the office or hospital. On account of his better training and wider experience with this anaesthetic, the dentist may properly be called on to administer it for surgical operations. In any operation requiring a general anaesthetic, neither surgeon nor dentist should be willing to operate without the assistance of a competent anaesthetizer who can take full responsibility for the patient's condition.

In conclusion, the interest of the patient would be furthered by consultation between the physician and the dentist, not only in occasional operations and in special cases of injury and deformity, but in many conditions of acute and chronic disease. An intelligent acquaintance with each other's work and a friendly understanding of mutual respect between the members of the profession is greatly to be desired.

It seems to me that the dentist should refer cases to the rhinologist. All patients with irregularities of the teeth should be examined for nasal and postnasal obstruction. Many cases of caries of the teeth might be influenced by mouth-breathing at night, and the dentist might be wise if he would send these patients to the rhinologist to see if there was a condition that might result in mouth-breathing at night.

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#### ABSTRACT OF DISCUSSION

DR. LEE WALLACE DEAN, Iowa City, Iowa:

No physician should ever remove in a child nasal or postnasal obstructions without sending that child to the dentist; if he does so he

does an injury to his patient. The teeth I know but little about, but I do know that they may look all right to the physician when they may be too close, or there may be other conditions which will cause that child trouble in years to come. I do know that practically every child that has adenoids or postnasal obstruction removed has some irregularity or disturbance of the teeth. In my clinic I find there are few cases of postnasal obstruction in which there is not some disturbance that the students can detect. Every one of these children coming into my hands is sent to the dentist. I regret to say that the great majority of them do not get to the dentist; I have done my duty. No rhinologist is ever justified in removing turbinate tissue from a nose to secure breathing-space, so long as there is a chance for that breathing-space to be secured by the dentist.—*Journal of American Medical Association.*

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### ALTRUISTIC DENTISTRY

A GLIMPSE OF WHAT IS BEING DONE FOR CHARITY AND LOVE

EDITOR OF *The Somerville Journal*:

I noticed in the last issue of your paper, in the column titled "pencilings," the following paragraph, which reads very well, but which is a reflection upon the profession of dentistry, and calls for a refutation:—

"Occasionally a man may take up the profession of medicine because of a deep-seated interest in the welfare of the human race, but the dentist must always choose his job for the money that is in it."

Those at all in touch to-day with modern dentistry know that this profession at the present time is offering gratuitously its services to the deserving poor in a strikingly magnanimous manner. In our own city thirty-four men are giving one-half a day a month to the care of our school children's teeth, with no remuneration, besides several others who are doing the same service to similar charities in Boston. This same movement is being carried out extensively in the large cities throughout the country. The Forsythe Free Dental Clinic in Boston is to be a philanthropic dental undertaking. The Tufts Dental School clinic and the Harvard Dental School clinic, in which latter place almost without exception the instructors give their services to the work, are still additional examples of service without reward.

Dentistry through Morton and Wells, because of "deep-seated interest" in the elimination of pain in all surgical operations, gave to the world ether.

Oral surgery with the hare-lip and cleft palate operations, the correction of facial deformities, and the arrangement of the teeth and change of the shape of the jaws to render an ugly face beautiful and attractive, is on the high plane which it occupies through the arduous, painstaking instrumentality of the dental surgeon.

Oral hygiene, or the transformation of the unclean mouth into the clean, and the eradication of the germ-breeding and harboring localities, is now being taught the medical profession by the dentist.

Give the conscientious and philanthropic dentist a chance to better the oral condition of the masses to-day, to change the unsanitary mouth to a healthy condition, to teach prophylactic measures, and the standard of health will be amazingly enhanced.

No, the dentist does not always choose his job for the money that there is in it. The successful dentist is critically fitted for his work, and after much consideration chooses that as his calling, which is to necessitate, in addition to his long school training, a continuous expenditure of nervous and physical energy throughout his career.

Many are the men in the dental ranks to-day who are burning the "midnight oil" in original research, seeking the reason for the rapid disintegration of the teeth and for some means to stem the tide of this attack. The reasons for the loosening of sound teeth and new means to prevent this loss are commanding the attention of other of our dentist benefactors.

The more artistic natural and efficient substitutes for lost teeth and their insertion by more sanitary and durable methods are receiving hours of patient study by members of our ranks.

Totally ignoring the dental parlor charlatan, who is known to be the rankest kind of an impostor, entitled in no way to be classed with dentists, but who is in the business solely for what there is in it, the above paragraph in question is challenged, and the statement made that, choosing an equal number of the leading men from the medical and dental professions, the altruistic motives of the dental practitioner will compare favorably with those of his medical confreres.

Present-day dentistry in the light of modern investigation is coming to be known to hold the key to the health of the nation, and it has no intention of taking second place to medicine in its importance to the welfare of the human race. Legitimate practitioners of dentistry have no monopoly of unjust fees for their work, but are entitled to a just recompense according to the service rendered.—CHARLES E. PARKHURST, D.M.D., *Somerville Journal*, Oct. 21, 1910.

## A SIMPLE METHOD OF STOPPING EXCESSIVE BLEEDING AFTER TOOTH EXTRACTION

NORRISTOWN, PA., October 5, 1910.

EDITOR OF *The Dental Brief*:

Every dentist occasionally comes face to face with a situation which taxes his capacity. One of these may be a case of hemophilia. What to do in case of excessive and prolonged bleeding, caused either by an injured artery or non-coagulation of the blood, makes us think.

An illustrative case was that of a young man who recently entered my office weak and pale from the loss of blood. He had had a tooth extracted two days before and continued to bleed. Both the dentist and physician whom he had seen had tried to stop the flow, but in both cases the bleeding recurred within an hour after the application of a styptic dressing. When seen by me the blood was spurting out in jets, indicating a severed artery. To resort to plaster of Paris seemed quite out of the question, as the stream of blood could not be checked for an instant, and the space was too small. A compress only kept the blood from gushing out, as it did not seem to coagulate. To ligate the artery in the tooth socket was, of course, out of the question. The only remaining expedient was pressure upon the end of the blood vessel. This was accomplished by forming a plug of cotton the shape of the root extracted, forcing it into the socket until the space was entirely filled. A small piece of absorbent cotton saturated with a solution of ergot and tannic acid was placed on the outside of the wound and a compress made and put between the teeth. A Barton bandage was placed in position to keep the patient's teeth together during sleep. After dressing the wound I noticed that the cotton had not been stained by blood. The next day the young man called and had the bandage removed and the compress taken out. This, by the way, still remained without discoloration.

With a little thought and care one can generally succeed in such cases. Too often dentists send them to the physician. Except in extreme cases this is unnecessary, and is really a confession of professional incompetence.

The result of the treatment was, of course, a great relief to the patient, as well as to his family, as he had been told that if he had that tooth pulled he would bleed to death.

F. W. SADLER (*The Dental Brief*).

## THE TEETH—HOW TO PRESERVE THEM

BY MADAME TERU

Everywhere now we hear the gospel of "Good Teeth." Madame Teru in *Physical Culture* for April (1910) writes from the standpoint of the beauty culturist. Sometimes evidence like this, coming from outside our regular sources, gives us valuable talking and educational points.—EDITOR.

ASIDE from the importance of their functions, the teeth are such an important factor in the appearance of the face that one is never considered really beautiful unless possessed of good teeth. Nevertheless,



Using dental floss to remove small particles of food which may lodge between the teeth. This is an essential preliminary to properly cleansing the teeth

let no one imagine that I underestimate the importance of the functions of the teeth; for, after all, all things must work together for one great good; and food that is not properly masticated will cause indigestion—and who ever heard of a beautiful dyspeptic?

I think that none of the rules ever laid down by beauty doctors are as important as those that demand the systematic care of the teeth.

Absolute cleanliness might be said to be a *sine qua non* in the preservation of the teeth. The temperature of the mouth favors de-



composition, and therefore care must be taken to remove any particles of food which may become lodged in the crevices and spaces between the teeth. This fermentation of food and the accumulation of tartar are the chief causes of caries or decay of the teeth. Therefore, a thorough brushing of the teeth after each meal is a positive necessity.

Although many who have experimented with raw food have found that by confining themselves to such a diet they can discard the tooth brush without any evil effects to the teeth, still most of us are not ready



The inner surface of the teeth should be brushed as vigorously and as carefully as the outer surface. Some consider that the inner side of the teeth should be brushed before attention is given to the outer surface

for such a step, and until we are I shall continue to sing the praises of the tooth brush. The magnates of the packing-houses expressed themselves as confident of ultimately winning out in the present meat trust boycott (their experience with the public has taught them that its love of "eating" is greater than its public-spiritedness), and so close attention to the dental apparatus will be necessary for some time. So long as people will continue to favor a diet consisting largely of meat and soft, mushy, cooked foods, just so long will the tooth brush be safe from fear of disuse. However, my work is not so much to reform as to help.

Most of our dental troubles can be traced back to childhood, and it has always seemed strange to me that, after the fuss that mothers make over a baby's first tooth, baby's last tooth is of so little interest that children are not even taught the early use of a tooth brush, or cautioned

not to put the teeth to such uses as cracking nuts, biting hard candies, breaking off thread, and the other innumerable uses, for which Nature never intended them. One often hears a mother say, "Johnny's teeth are growing so crooked. I don't know what to do." A visit to a reliable dentist would acquaint her with the cause—the permanent teeth do not assume their natural places because the milk teeth, not having loosened promptly enough, hamper the growth of the permanent teeth, causing them to grow crookedly. They can be removed easily, and with but little pain, permitting the permanent teeth the freedom necessary to their perfect development, much to the improvement of poor Johnny's appearance. Then, too, if Johnny would not spend so many pennies for cheap, hard candies which he crunches like a little squirrel, he would not subject the teeth to the danger of cracking the enamel, which once injured, cannot be restored, and in time causes the whole tooth to be exposed to decay.

Though there is a diversity of opinion as to when dental floss should be used, it is agreed upon that its use is necessary. I prefer to use it before the brush, drawing it slowly between every two teeth, thereby removing any particles of food that may have secreted themselves there. There are also tiny orange wood toothpicks which can be used for the same purpose, but the floss is preferable, as it reaches spaces difficult for the toothpick to get at. This seems to me a preliminary cleansing which prepares the mouth for the treatment with the brush.

The choice of a tooth brush is of more importance than is generally supposed. Choose a brush, the bristles of which are not too stiff, as hard bristles are apt to cut the gums, which sometimes causes serious mouth sores. I consider those having uneven bristles superior to the ordinary brush. The raised bristles at the end of the brush enable the user to get into the "cups" of the broad teeth, used for crushing the food, at the back of the mouth. Particles of food find these teeth good resting places and as a result we find that it is nearly always these teeth in which cavities first appear.

Always brush the upper teeth from the gum down and the lower ones up. Brushing them across is said to loosen them, and besides it does not cleanse the teeth so effectively. By brushing the teeth vertically, from the gums up or down, as the case may be, the bristles remove whatever may be lodged between teeth. I always use the right hand for brushing the teeth on the left side, and the left hand for those on the right side, thus assuring both sides treatment of equal vigor. The under side of the teeth must be treated even more carefully than the surface, for neglect will allow the tartar to gain a firm hold, thus making professional service for its removal a necessity.

Considerable injury is done to the teeth by the natural acids of the mouth, which adversely affect the enamel. To controvert this acidity, milk of magnesia will be found to be of benefit. A mouthful should be taken before retiring, letting it get well into every part of the mouth, Bicarbonate of soda is also to be recommended for the same use. One



In brushing the teeth the tooth brush should be moved up and down with a vertical motion, rather than from side to side

tablespoonful dissolved in a glass of water is about the right solution for a mouth wash.

The plainest tooth powders are the safest to use, as they do not contain gritty substances or strong acids.

The use of a mouth wash is to be advised because of its antiseptic qualities.

Never under any circumstances, should one retire without having given the teeth careful attention. They must be thoroughly brushed to free them from the remains of food consumed during the day.

The deteriorating effects of a decayed tooth upon the general health are sufficiently serious to bear dwelling upon here. The presence of a decayed tooth in the mouth endangers the sound teeth contiguous to it, besides impairing the digestion and is often the cause of that most distressing complaint—offensive breath. Teeth in such condition should

receive immediate professional attention, so that they can be either filled or removed. When decay seizes upon a tooth it works so insidiously that its rapid destruction is almost inevitable, and therefore at least two visits yearly should be paid to a reliable dentist if only for the purpose of examination.

Last, but by no means least, a few words on the care of the tooth brush. Most brushes receive only a hasty rinsing after being used and are even allowed to lay around in their damp condition, attracting dust and dirt which render them unfit for further use. Every trace of tooth powder should be removed from the brush and this a hasty rinsing will not do. Hot water should be run through the brush, and it should then be dried with a soft, perfectly clean cloth kept for the purpose. Boiling the brush is not to be advised, though it may "kill germs" it will loosen the bristles, and the brush is then unsafe for use. About once a week it should be dipped into an antiseptic solution. New brushes are needed much more often than one supposes, and about two months is really as long as a tooth brush is fit for use.

In the care of the teeth, as of other parts of the body, prevention is far better than cure. In order to avoid the onset of decay, it is essential that a close watch be kept upon the dental apparatus. It is astonishing how rapidly the teeth decay when caries (the most common cause of the teeth decaying) has once secured a foothold. The teeth should be examined at frequent intervals for signs of approaching decay and regular visits should be paid to a competent dentist in order that tiny cavities, not discernible through ordinary observation, may be detected. In most instances cavities of the teeth have their inception at their inner surface.

The inclination is unfortunately common, on the part of the unthinking majority, to overlook the great importance of proper mastication as a factor in the digestion of the food they consume. But, aside from failure to regard this preliminary to digestion at its true value, there are many who are prevented from masticating properly through defective dental equipment.

The necessity for keeping the teeth in good repair is consequently of great moment. In order that the entire physical economy may bear its share of the work of sustaining the body, it is essential that the preliminary steps of digestion be properly performed, and this cannot be accomplished unless the teeth are sound and whole.—*Physical Culture*.

## A CONSIDERATION OF THE QUESTION OF SUSCEPTIBILITY AND IMMUNITY TO DENTAL CARIES \*

(Concluded from November Issue)

BY EDWARD C. KIRK, D.D.S., Sc.D., PHILADELPHIA, PA.

### MUCIN IN RELATION TO THE BACTERIAL PLAQUE

THE relationship of mucin to the carious process I believe to be a most important one. The researches of Black, of Williams, and of Miller have shown conclusively the existence of a bacterial film or envelope growing most vigorously upon protected areas of tooth structure, which growth we have come to know as the bacterial or "gelatinous" plaque. Decalcification of enamel structure subjacent to the plaque or film has also been clearly demonstrated, leaving no room for doubt as to the fact that in susceptible mouths these plaque formations are the agency by which localization, or at least one kind of localization, of the decay process is brought about. On the other hand it is abundantly proved that the film or plaque exists upon teeth immune to caries, in which cases acid decalcification does not take place in the enamel beneath the plaque. The explanation of the existence of the plaque minus acid decalcification should not be difficult to find, when we consider on the one hand that decay is a specific process requiring in its simplest expression only the factors of lactic-acid-producing bacteria, a suitable pabulum, the usual physical conditions, and contact with tooth structure, while with any one of these lacking the decay cannot occur; and on the other hand, the fact that plaque formations undoubtedly differ in character as they are produced by bacteria other than those which are exciters of decay, and grow upon media other than that necessary to the sustenance of the lactic-acid-producing group of micro-organisms. Black's original report of his study of this phase of the subject is sufficiently clear as to the variety of conditions under which plaque formation may take place. I have elsewhere called attention to one possible mode of plaque formation which I regard as important in connection with the carious process—especially so because it helps to explain a number of obscure points in connection with the problem of susceptibility and immunity.—(*Dental Brief*, March, 1910, vol. xv, p. 175.)

If to a few cubic centimeters of saliva in a test tube we add a drop

\* Read before the First District Dental Society of the State of New York, February 8, 1910.

or two of lactic acid in almost any degree of concentration, the contact of the acid with the saliva, if the latter holds mucin in solution, will cause precipitation of the mucin as a coagulum or film which spreads out through the liquid and increases in consistence as it falls to the bottom of the tube. So delicate is the reaction that mucin furnishes a very sensitive though not characteristic indicator for the presence of lactic acid and *vice versa*.

Joseph Head, in the report of his experiments with highly diluted acids in their effect upon enamel, states that so extreme an attenuation of lactic acid as one part in twenty thousand of water will visibly etch enamel in the course of some hours, but that the addition of saliva prevents the destructive action, and that the saliva therefore exerts a protective influence against the destructive effect of dilute acids upon the enamel. (*Dental Cosmos*, vol. xlix, p. 801, *et seq.*) Such protective action on the part of the saliva in the instance cited is in all probability due to the action of mucin, which if present in sufficient quantity clears the saliva of acid in the same way that the acid clears the saliva of mucin, *i. e.* by precipitation as an acid-mucin coagulum. From our knowledge of the behavior of mucin toward lactic acid in the mass we are justified in prognosticating its mode of behavior toward lactic acid in the nascent state—the chemical principles in both cases being the same.

Assuming, then, a lactic acid bacterium temporarily fallen upon a protected area of tooth structure in a culture medium capable of supporting its vital activity, and containing besides glucose a certain amount of mucin—all of which conditions are to be found in the saliva of the ordinary caries susceptible—fermentation of the glucose is at once set up, each molecule of the sugar being split up into two molecules of lactic acid, which is shed out into the surrounding medium, causing an immediate precipitation of mucin about the bacterial growth, which adheres to the tooth by virtue of the precipitated mucin acting as the binding material of the agglutinated mass. It is in this manner, I believe, that localization of decay in protected areas originates in susceptible cases. The subject is at present under investigation in my laboratory, and I regret that the work is not yet sufficiently advanced for me to make a report of the experimental tests at this time. Two other features, however, lead me to regard this explanation as being correct for at least one type of plaque or film formation: First, the similarity of the iodine test reaction as observed in plaques upon the teeth, and the reaction to iodine of precipitated mucin; second, the solubility of plaques in lime-water. Dr. C. E. Kells, of New Orleans, has persistently recommended lime-water as a deterrent wash for re-

moving slimy deposits upon the teeth. In view of the probable fact that these film-like deposits have a base of precipitated mucin, and as lime-water is the best solvent for mucin, Dr. Kells' recommendation of lime-water as a tooth-wash has a perfectly rational basis. I have found by experience that the deterrent and cleansing qualities of the lime-water are enhanced by the addition of 20 to 25 per cent. of hydrogen dioxid.

In asking your consideration of the mucinous origin of the bacterial plaque it is not my intention to overlook the fact that various other methods of plaque formation are quite possible, as has been clearly pointed out by G. V. Black, Kenneth W. Goadby, and others. In studying the general question, it seemed to me that the precipitation of mucin among the lactic-acid-producing bacteria was a factor of plaque formation that ought not to be overlooked, because it furnishes a more direct and obvious explanation of that phenomenon than some of the suggestions already offered in this connection. I have read with much interest the report upon this phase of the subject made by the Research Committee of the Dental Society of the State of New York at its last annual meeting (*Dental Cosmos*, February, 1910, vol. lli., p. 170), and I have wondered whether, with respect to plaque formation, the committee had studied Black's communications on the subject, or if, with respect to potassium sulfocyanid, they had studied Miller's and Hugenschmidt's researches, which, taken together, cover the same ground, and to repeat which work would seem to be an unnecessary expenditure of effort unless it was desired to cross-test the work of these preceding investigators.

#### SUMMARY

To gather up the essential points in this rather desultory presentation of the subject, it seems clear that the conditions which determine the factor of susceptibility or of immunity to dental caries are those which determine the composition of the mixed oral fluids which we call the saliva. In the absence of a bactericidal element in the saliva, which fact may be regarded as proved, I think we are justified in our present state of knowledge in viewing immunity to carious action as being dependent upon the absence from the saliva of the kind and amount of pabulum upon which the bacteria of decay normally thrive. As one of the important, and I believe the direct means of localization of the decay process in caries susceptibles, the precipitation of mucin by the secreted lactic acid appears to be a prominent factor.

Finally, as the composition of the saliva upon which caries depends is a factor of nutrition dependent upon food habit, decay of the teeth



is a diathetic expression, and the desired immunity to its ravages can be attained only through attention to more intelligent and rational dietetic hygiene.

In placing the subject before you in this manner, I wish it to be understood that my desire has been mainly to direct your attention to an old subject from a different angle of view, and with no intention of doing so in a dogmatic way, but rather in the hope that you may find a suggestiveness in this view which will in the course of time and through accumulation of individual observations enable us to deal more effectively with this devastating and well-nigh universal disease of the human teeth.

NOTE.—Since the above was written the experimental production of the bacterial plaque has been successfully accomplished in the laboratory by inoculating with caries fungi a pabulum consisting of glucose and salivary mucin made alkaline with dibasic sodium phosphate, the whole colored with blue litmus. Precipitation of all the mucin as a large plaque took place by action of the acid resulting from the fermentation, and the final reaction of the medium became acid, as shown by the reddening of the dissolved litmus extract.—*The Dental Cosmos*.

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## DENTISTRY IN ENGLAND

### THE PUBLIC SAFETY.

SCARCELY sufficient notice appears to have been taken of a remarkable judgment delivered in the House of Lords on April 15 to the effect that any person may lawfully practise any part of surgery, medicine, or dentistry, and that the law does not prohibit the use of self-laudatory language, provided that the language used does not imply the possession of the qualifications which would entitle the holder to registration.

This decision, being final as regards the present state of the law, has excited considerable alarm amongst the medical and dental professions, mainly owing—it must be stated in fairness—to a desire on their part to protect the public. The position, from their point of view, is thus expressed in the current issue of *The British Journal of Dental Science*.

The whole army of quacks are established by law, mischief incalculable has been unmuzzled, and by that fateful pronouncement of April, 1910, probably more British subjects have been condemned to death than have received death sentences from the judicial bench in the course of many hundred years.

“Serious as the decision is for the profession,” said a leading member of the British Medical Association yesterday, “it is even more

serious from the public point of view. This decision means that Tom, Dick and Harry may administer anesthetics and cut and carve people about without being possessed of the slightest skill; and when irreparable damage is done the law will deal more leniently with the layman than with the medical practitioner, because it says the layman did the best he could, whereas the doctor should know better. The law, as one judge has put it, does not protect the practice of the profession, but simply the name.

"You may not call yourself a registered dentist, but you may call yourself a surgeon dentist, and you may even describe your self as a 'fully-qualified medical man' without the slightest justification. Although you do this nothing can be done, though it is a palpable fraud.

"This is the more hard on the profession, as the General Medical Council for the last ten years has put a stop to the 'covering' of unqualified men, however skilled, by registered practitioners, both in dentistry and medicine, and now Parliament has almost done it in pharmacy.

"I suggest that to meet the case a short Act should be passed putting the practice of medicine and dentistry on the same footing as midwifery. A woman who is not qualified or registered may on emergency help in a case, but she must not do it 'habitually or for gain.' Midwifery is thus protected from the quack. Why not medicine and surgery?

"Depend upon it, the public is paying dearly for this sort of thing. I saw a man yesterday who, six months ago, found he was seeing double. He went to a stall and bought a pair of spectacles, and kept on changing his glasses at different shops because his sight was getting worse. After six months he came to a doctor, only to find himself a victim to a disease of the central nervous system, now incurable, which six months ago any doctor could have cured with simple treatment. And I could quote similar instances without number. In nine cases out of ten bad eyesight is not merely a mechanical defect, but an evidence of disease and not infrequently of kidney troubles.

"Let the public be assured that this is more a question for them than for the doctor, and it is for them to move Parliament in the matter. It is not the rich, but the poor, who are victimized and bled white by these quacks."—*Dental Practice.*

## A HEALTH EXHIBIT ON WHEELS

Our local and state health authorities are showing an increasing disposition to use up-to-date methods in educating the public on hygiene and sanitation. In Louisiana the State Board of Health is preparing a "health car," which is to be sent all over the state as an exhibit and as an object-lesson. As it is impossible to bring all of the people to a health exhibit, the board proposes to take the exhibit to the people. A special car has been donated by Mr. D. D. Curran and Mr. H. B. Hearn, president and superintendent of the Queen and Crescent Route. The car will make its first appearance at the Louisiana State Fair at Shreveport, after which it will start on its journey through the state, crossing on the Vicksburg, Shreveport and Pacific road, thence diagonally across the state again over the line of the Louisiana Railway & Navigation Company, next through the state over the New Orleans and Northeastern, after which it will be transferred from one road to another until the people in every railroad station in the state have had an opportunity to visit it. The car will contain a large collection of normal anatomic specimens in contrast to specimens showing pathologic conditions due to tuberculosis. This exhibit is contributed by the Souchon Museum of Tulane University. Several lecturers will accompany the car and will deliver instructive addresses at every stop. A laboratory has been installed for the examination of milk, water, sputum, etc. At each stop sanitary inspection will be made of the markets, slaughter-houses, schools, churches and other public buildings. Literature on health matters will be distributed. A moving-picture machine will show, at each stop, "The Gymnastic Fly," "The Pesky Fly," "The Man Who Learned" and other story-telling series of pictures, whose educational value is well-nigh unlimited. Lantern slides showing unsanitary conditions existing in various parts of the state will also be used to illustrate lectures. A mere statement of the work to be done by this Louisiana health car is in itself a sermon on the possibilities of public education. The people of Louisiana are fortunate in having a board capable of exhibiting such enterprise, energy and solicitude for the health of the people. A similar exhibit prepared by the State Board of Health of California has done much good and has demonstrated the feasibility of such a plan. If this example could be followed in all of the states and if each board of health could start such a moving center of instruction, the problems of public education and popular support for sanitary measures would soon be solved.—*Journal American Medical Association.*

## SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

## CALIFORNIA.

The Sacramento County Dental Society meets on the second Monday of each month.—W. H. Renwick, D.D.S., *Secretary*.

The Tri-County Dental Society meets at Redlands, December 10th, 1910.—A. C. Tucker, D.D.S., San Bernardino, California, *Secretary*.

The Pasadena Branch of the Los Angeles County Dental Society holds its meetings on the third Friday evening of each month from October to April, inclusive.—Arthur B. Allen, D.D.S., *Secretary*.

## COLORADO.

The Denver Dental Association holds its meetings on the second Thursday evening of each month from September to May.—Mallory Catlett, D.D.S., *President*; Ralph N. Pullen, D.D.S., *Secretary*.

## DAKOTA.

South Dakota State Board of Examiners holds its next meeting at Sioux Falls, S. D., January 10th, 11th and 12th, 1911, at 1:30 P.M.—Aris L. Revell, D.M.D., Lead, S. D., *Secretary*.

## DISTRICT OF COLUMBIA.

The next regular meeting of the Board of Dental Examiners will be held in the Dental Department of the Georgetown University, January 9th, 10th and 11th, at 9 A.M.—Charles W. Cuthbertson, 309 Seventh Street N. W., Washington, *Secretary*.

The annual meeting of the National Institute of Dental Pedagogies will be held in Washington, D. C., December 27th, 28th and 29th, 1910.—John Q. Byram, D.D.S., *President*.

## GEORGIA.

The Atlanta Society of Dental Surgery meets the third Friday of each month at the Carnegie Library, at 8 P.M.—J. K. Barrett, *Secretary*.

## ILLINOIS.

The Knox County Dental Society meets February 15th and March 16th, 1911, at Galesburg.—J. D. Cahen, *Secretary*.

The Rock Island County Dental Society meetings are held the third Tuesdays in January, June and October at Rock Island, Moline and Geneseo.—J. H. Nichols, D.D.S., Rock Island, *Secretary*.

The Sangamon-Menard County Dental Society meetings take place in Springfield, Illinois, December 15th.—Albert E. Converse, D.D.S., *Secretary*.

## IOWA.

The Iowa State Board of Dental Examiners will hold a meeting for the examination of candidates for license to practise dentistry, December 5th, 1910, in Des Moines.—E. D. Brower, D.D.S., LeMars, Iowa, *Secretary*.

## KANSAS.

The Kansas City Dental Society meets the second Friday of each month.—M. Dewey, D.D.S., 1016 Armour Blvd., *Secretary*.

## MASSACHUSETTS.

The Lowell Dental Society meetings are held on the first Tuesday evening in the months of February, April and October.—Edwin E. Kinney, D.D.S., *Secretary*.

## MISSOURI.

The St. Louis Dental Society meets the first Tuesday of each month (unless otherwise announced) at 8 P. M., in the Auditorium of the St. Louis Medical Society.—G. B. Winter, D.D.S., *Secretary*.

## NEBRASKA.

The Omaha Odontological Society meets every third Thursday in the month excepting June, July and August.—W. H. Sherradan, D.D.S., *Secretary*.  
The seventh semi-annual meeting of the Southwestern Nebraska Dental Society will be held at McCook, Neb., February 23d—W. A. McHenry, D.D.S., *Secretary*.

## OHIO.

The Columbus Dental Society meets the last Tuesday evening in each month except in July and August, at the Carnegie Library Bldg.—Charles Swope, D.D.S., *Secretary*.

## PENNSYLVANIA.

The next meeting of the Pennsylvania Dental Examiners will be held December 14th, 15th, 16th and 17th, 1910, at the Hotel Stenton, Philadelphia, and Pittsburg Dental College.—Alexander H. Reynolds, D.D.S., *Secretary*.  
The North Philadelphia Association of Dental Surgeons meetings are held monthly.—Richard Souder, D.D.S., 148 West Lehigh Ave., Philadelphia, *Secretary*.

## TEXAS.

The Texas Board of Dental Examiners will meet at Austin, Texas, December 19th, 1910.—Bush Jones, D.D.S., *Secretary*.  
The Dallas Dental Society meets the second Saturday in each month at the office of the *Essayist* for that particular meeting.—Allen N. Nearby, D.D.S., *Secretary*.

## WASHINGTON.

The King County Dental Society meetings take place the first Tuesday in the month at 1032 Henry Bldg.—A. D. Remington, D.D.S., *Secretary*.  
The Spokane County Dental Society meetings are held the first Thursday after the second Tuesday. No meetings in July or August.—Robert Carratte, *Secretary*.

## WISCONSIN.

The semi-annual meeting of the Wisconsin State Board of Dental Examiners will be held at the Wisconsin College of Physicians and Surgeons, beginning January 15th, 1911, at 9 A.M.—G. C. Marlow, D.D.S., Lancaster, Wisconsin, *Secretary*.

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## THE SECOND DISTRICT DENTAL SOCIETY—TAGGART MEETING

THE Second District Dental Society of New York takes pleasure in announcing that its essayist for the December meeting will be Dr. William H. Taggart of Chicago.

Ever since Dr. Taggart startled the dental profession, and revolutionized the practice of dentistry by announcing his method of making cast-gold inlays, he has been engaging his inventive mind with the problem of overcoming the minor difficulties which, in the past, have made the casting of gold short of being an exact

science. At the meeting now announced Dr. Taggart will exhibit and demonstrate the use of several appliances with which he has practically, if not absolutely, overcome all the difficulties.

He will show for the first time his newly invented electric annealer with which the inlay pattern wax is automatically kept at just the proper temperature and consistency, so that the operator at all times may turn to his instrument table and find a piece of inlay wax ready for use.

He will exhibit a new appliance wherewith the mixing of his investment material is made so exact, that the procedure is repeated automatically every time an investment is required.

Also a new appliance for removing the wax from the mould without danger to the investment itself.

Using the above appliances, and in conjunction with his new investment compound, Dr. Taggart will clinically demonstrate several new methods in connection with casting, including a new technique of making cast base crowns.

The meeting will occur on Monday evening, December 12th, in the Grand Ball Room at Delmonico's, New York City. The meeting proper will be preceded by a Bohemian smoker.

All ethical dentists outside of those on the monthly mailing list of the Society, if they desire to be present, will please send post-card with their names and addresses to the undersigned, who will then mail the regular invitation when issued, giving all particulars as to how to reach the afternoon clinic and the evening meeting.

WARRINGTON G. LEWIS,  
*Cor. Sec'y.*

162 CLINTON ST., BROOKLYN, N. Y.

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### WATCH OUT FOR THIS CHAP

#### *Editor DENTAL DIGEST:*

Below I send you an account of a robbery of our place. If you will do so you can print it in your journal, it may catch some one who will be able to spot the rascal.

On the morning of the 28th of September the supply rooms of the R. Atmar Smith Dental Supply Co. of Charleston, S. C., were found to have been broken open and a traveling case stolen, the drawers having been removed and left on the floor. Upon examination several drawers containing facings were found almost empty. It is estimated that about \$700.00 worth of these were taken. On the 27th a young man of good appearance called upon the firm, representing himself as a salesman of the Hisey Dental Mfg. Co.; he was told that nothing was wanted and then left with a promise to return. He was seen by the proprietor the next day, but was not at that time suspected. In talking with these dentists it was discovered that two of them consented to look over his stock. He then went off ostensibly to get his grip, but never returned. He sold one dentist some of Gustav Scharmann's burs. The Hisey Co. wrote to the house after being informed of this, saying that they had no salesman in the territory. It is quite evident that this party was a crook—and a pretty slick one. It is hoped that this information will lead to his apprehension, or, at any rate, prevent his perpetrating a similar theft upon some other house.

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## OUR COVER THIS MONTH

The illustration this month is from one of the most stirring of recent events. Mr. Wellman, with a selected crew, started on a voyage across the Atlantic Ocean, in the airship *America*. All went well for a time, but severe storms drove the airship hundreds of miles out of its course. The crew was rescued by the steamer *Trent* and the great airship was abandoned, to sail away across the waters until destruction overtook it.

The picture shown on this month's cover was taken from the steamer *Trent* just as the crew of the *America* was descending into their life-boat. This was lowered to the water and by means of it the crew reached the steamer.

We think ourselves especially fortunate to be able to present the illustration of so recent, so dramatic and so stirring an event.



## *The Publisher's Corner*

### PROOF OF THE VALUE OF YOUR CO-OPERATION

THE DENTAL DIGEST is essentially the magazine of its subscribers. It could hardly be more so if they actually wrote and printed its monthly issues.

Its policy is laid before them. And they understand that the magazine is dependent on their patronage of the advertisers in it for funds to make improvements.

It is interesting to occasionally see just how its readers support THE DIGEST. Here are two reports. The first is from an advertiser who ran the same ads in three dental magazines, one of which claims a larger circulation than THE DENTAL DIGEST. The difference which made THE DIGEST ad more conspicuous was due to greater skill in setting it up. This advertiser writes as follows:

"43% of the replies mention specifically THE DENTAL DIGEST; 47% do not mention any magazine, and 10% mention some other magazine. This is the result of about three months' advertising in three dental magazines. The subject matter and space in each of the magazines was about equal, although if anything THE DIGEST was perhaps more conspicuous. It is reasonable to suppose that a large percentage of the 47% could be included with THE DIGEST readers, although they do not specifically state that such was the case."

The proof of what we have been saying about the manufacturer judging the advertising value of a magazine *by the results which he can trace* is afforded by this letter. This advertiser places the magazines in the order in which he can trace the replies. THE DIGEST is far ahead in the percentage of traceable returns, it shows four times as great traceable returns as all others. But among these replies are 47% which mentioned no magazine. *And we lost credit for our share of these.* Perhaps THE DIGEST produced half of those replies. But the advertiser does not know it, and cannot give us credit for them.

Here is how it affects you. The editor wants more funds to spend on the magazine. It seems that the bigger the magazine grows, the bigger the plans for it become. We believe it is steadily improving. Some plans are in contemplation which promise much more than has been accomplished to date. And the money for them can be produced from the advertising pages.

It is necessary that advertising rates be advanced with the January issue, because the advertisements really support the magazine. The present rates were based on a circulation much smaller than it is now. We might increase

the number of advertising pages, and so produce more revenue. But we do not believe you want a bulky magazine. We believe you prefer one that you can look through easily. So we have decided to raise the advertising rates, and not increase the number of pages. Some advertisers will drop out; and others must be secured in their places. *That means that we must produce traceable results.*

Here is a note on the other side of the question. The advertiser whose letter follows took space in THE DENTAL DIGEST only, and so could trace his returns. He writes as follows, and having written he has placed his order at the advanced price:

"At the time I placed the first ad in THE DIGEST, I sent out 10,000 circulars containing the same matter to 15 dealers, bearing their imprints. Many have written that they are putting them out, and others are presumably doing so; but while we are getting the best of results from THE DIGEST, we have not had a solitary inquiry nor a single order from the circulars. Does the magazine carry a prestige that the circular lacks, even though it carries the name of a reliable dealer?"

We have no hesitation in saying that we hope to have DENTAL DIGEST advertising carry prestige; not only more than any circular, but enough more than that in any other dental magazine so that it will produce profitable returns for the advertiser, for the magazine, and for you through a better magazine.

It is too bad we cannot outline our plans here, but we find that to be unwise. It is said that imitation is the sincerest form of flattery. On that basis we are certainly flattered. THE DENTAL DIGEST started the agitation for better business methods; and now you can hardly open a dental magazine of any importance without finding articles on business; and some recent numbers are *all* Business. We don't care to have the flattery which is expressed by imitation become too sincere. So we will do no more than to say that we plan something else which you will undoubtedly like, and which we hope to make a success before it is copied too closely.

The magazine needs heavy advertising patronage at the rates which go into effect with the January issue, and which are among the highest charged in dental journalism. Will you, therefore, take especial pains to give DENTAL DIGEST advertisers your preference when ordering, and to *mention THE DENTAL DIGEST?*

Please don't forget that "*mention.*"

*The Publishers*

Circulation of this issue, 14,000 copies.

Keep the mouth as  
nature intended it  
should be —

**ALKALINE**

# **Glyco= Thymoline**

**“The Alkaline Antiseptic”**

Restores Normal  
Conditions and  
maintains perfect

**ORAL HYGIENE**

**Special Offer.**—This  
SprinkleTopBracket  
Bottle, together with  
samples for your  
patients, free of all  
cost if you mention  
this journal.

**KRESS & OWEN CO.**

210 Fulton Street

NEW YORK



# LISTERINE

The best antiseptic for a dentist's prescription

As a daily wash for the preservation of the teeth, and for maintaining the mucous membrane of the mouth in a healthy condition, Listerine occupies a first place in dental and oral therapeutics. Listerine is truly prophylactic, in that it exercises an inhibitory action upon the acid-forming bacteria of the mouth, and thus maintains the alkaline condition so necessary for the welfare of the teeth.

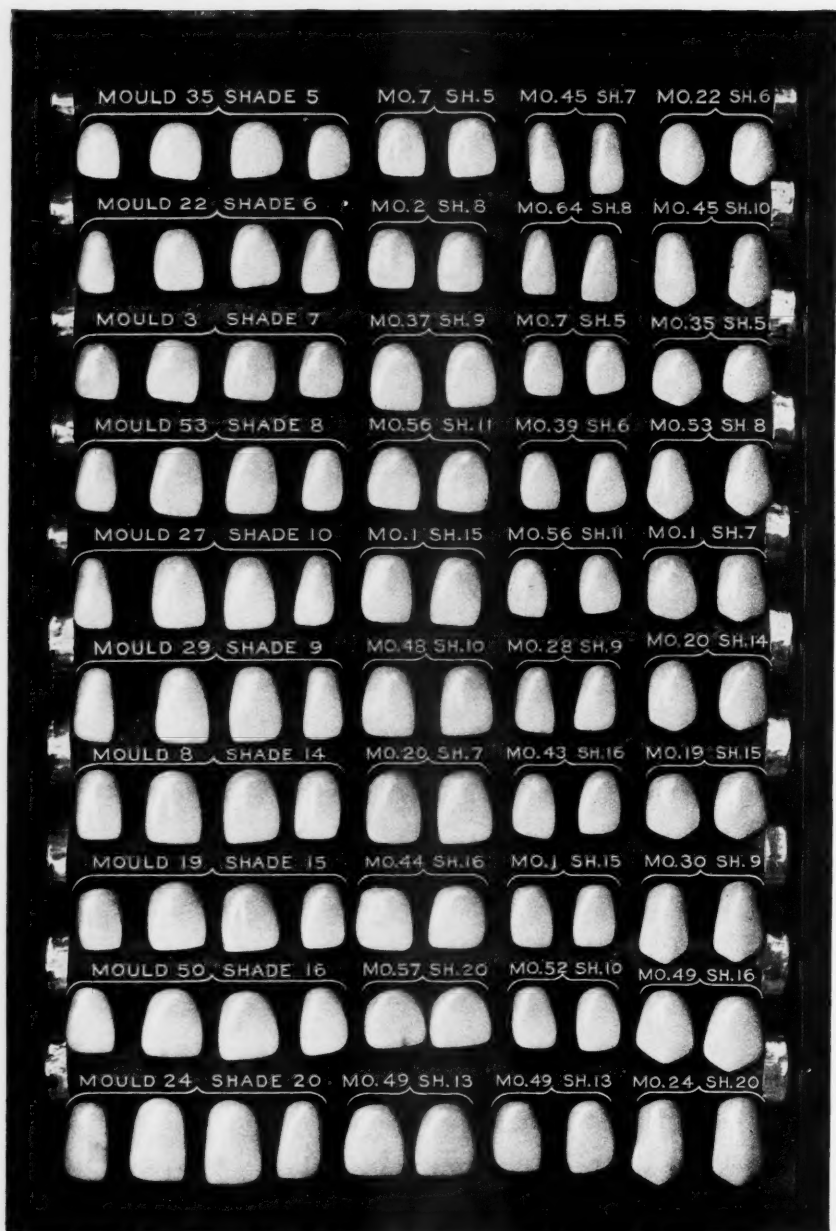
## LISTERINE TOOTH POWDER

An innovation, in that it possesses neither fermentative nor harshly abrasive ingredients, Listerine Tooth Powder very acceptably meets all the requirements of a frictionary dentifrice, and promises to give much satisfaction to those who employ it, in conjunction with a mouth-wash of Listerine, suitably diluted.

*¶The undersigned will be pleased to send supplies of Listerine Tooth Powder samples for distribution to patients, upon receipt of the dentist's professional card.*

Lambert Pharmacal Co., St. Louis, Mo., U. S. A.

# CROWN ASSORT<sup>TM</sup>



Here are the specifications of Crown Assortment, pictorially expressed. Specify whether you desire Twentieth Century or Dentsply crowns.

# ENT NUMBER ONE

WHEN the average dentist desires to set a porcelain crown, he goes about it in the most expensive way possible. He takes an impression of the root and adjoining teeth, pours a model, takes or sends it to the dental depot, and does his best "to make the crown which he gets in this way do." As a general thing, the crown is not just right in size, shape or shade. And often enough, the result does not benefit his reputation as a skillful workman.

From the viewpoint of the dentist's own interests, such a plan of procedure is exactly wrong. He couldn't get it much worse. Here are the reasons why it is wrong.

The average dentist sets a porcelain crown for a lump sum, perhaps three dollars, rarely more than five or six dollars. And from that sum must come all his expenses and his profit. Now it is evident that the more expensive his method of operating, the less will be his profit. *Every movement that takes time which might be saved by wiser movements, marks a dead loss to him.*

The impression taking, model pouring and the going or sending to the depot represent loss, because they are unnecessary and they consume enough time to form a considerable factor in figuring the expense of setting that crown. It is probably not an exaggeration to say that from the time the dentist prepares to take the impression until the time when the model is ready for the depot, twenty minutes will be consumed. *That is twenty minutes lost.* If a dentist's time is worth \$2,000 per year, over his office expenses, that means a loss of at least a dollar. *And it is his personal loss.* It is not the patient's loss. The patient pays a certain sum for the completed work. The dentist loses the value of that twenty minutes.

The selecting from a model is the most expensive way, seen from the standpoint of satisfactory results. A model cannot carry the many little individual peculiarities of the teeth of the patient, as they are shown in the teeth themselves. These peculiarities are not always of form alone. They cannot be accurately carried in the eye or expressed in the model. *But these peculiarities and their matching in the crown are just what determine the failure or success of the crown selection.*

It is common testimony that crowns selected by assistants or clerks at tooth counters are rarely wholly satisfactory. They may be of proper size and shape, because the model will show shape and size. But the model cannot show the colors; and the tooth clerk never saw the case. Neither the tooth clerk nor the assistant had a fair chance to make a good selection. Nobody could select well under such conditions.

The first requisite for good crown selection is that the crown shall be selected by the dentist who is doing the work. The second requisite is that he shall select it in the presence of the patient, that is "in the mouth." The third requisite is

*Continued on pages following*

that he shall select it in that method which will cost him least and will leave him the largest profit.

These three conditions can be met in only one way. It is for the dentist to keep on hand a stock of crowns from which he may select "in the mouth" at the time he desires the crown. This course has several obvious advantages. He can make much better selections than it is possible to make from a model. The patient presents the sizes, forms, positions, and shadings of the teeth as they cannot be reproduced. Selection under these conditions is the best possible, because the dentist will have a much larger stock of crowns to select from than any dental depot would send for any case.

How often have you received three or four crowns from a depot, from which one must be selected. After trying them in, you decide that none of them will do. But you cannot go back or send again without making another appointment, *and the next selection may be no better than this.* So you try them all in again, and select the best from among several, *none of which is right.* And you grind and polish till you make it as nearly into shape as possible. The chances are that you are not wholly satisfied with the result. And the patient and her friends may not be any better satisfied than you are. *Such selection does your reputation no good.*

With a tray at hand containing one hundred crowns, well selected as to moulds and shades, the chances for a wholly satisfactory selection are greatly increased. And the cost of the work to the dentist is sure to be greatly reduced, leaving him a larger profit from the operation. Take, for instance, the case of a lady who wishes an upper lateral crowned, and suppose that you have on hand Crown Assortment No. 1 in Twentieth Century or Dentsply Crowns, as shown here. This case contains twenty upper left laterals in the twenty moulds which long experience has shown to be most generally used, and in eleven of the best shades. These shades are variations of the yellows and grays, and are by far the most commonly used.

*It is unnecessary to take an impression or pour a model.* So long as the stock in this tray is kept in good condition there need be neither going nor sending to the dental depot. Selection may be made at once, and under the most favorable conditions. There is less likelihood to have "to make the crown do," and mutilation of the crown by extensive grinding is far less likely to be necessary. Crowns selected in this manner not only exhibit the dentist's skill to much better advantage, but they yield the dentist a larger profit.

## Such an Assortment in Twentieth Century or Dentsply Crowns is Especially Valuable

In crowns, even more than in vulcanite teeth, the quality of the porcelain, the naturalness of the shadings and the fidelity of the moulds to nature are important. Crowns usually stand beside natural teeth and any artificiality is quickly apparent. These considerations indicate the selection of either Twentieth Century or Dentsply Crowns, because the famous Twentieth Century por-



celain, of which both of these forms of crowns are made, is unequalled in the closeness with which it simulates the texture of the natural teeth. Its translucency makes it possible to color these crowns in the same way that nature colors crowns, that is by putting the color in the dentine and allowing it to shine through the enamel. The results thus obtained are impossible with a less translucent enamel. And they place at the hands of the dentist such means of duplicating the crown that was lost as, we believe, no other crowns offer.

Twentieth Century porcelain is not excelled for strength, and we do not believe it is equalled. Crowns made of it withstand all the force to which a body of porcelain of the size should be exposed. The force which crushes one of them would long before have crushed a weaker porcelain.

Twentieth Century Crowns have fixed posts. Dentsply Crowns have detached posts. They are made of the same porcelain, and in the same moulds and shades.

We believe Twentieth Century Crowns to be the most scientifically constructed fixed post crowns made. Into the body of the crown a large corrugated platinum anchorage is baked when the crown is baked. To this a composition post is soldered afterward, at a much lower heat. This is the only method by which the post can be permanently attached to the crown without checking the porcelain extensively. As every check weakens the crown, it is desirable to secure crowns in which the porcelain is perfect. Twentieth Century Crowns are the only fixed-post crowns of which this is true.

## How this Assortment is Made Up

Experience shows that upper teeth are crowned with porcelain much more frequently than lowers. Upper centrals and laterals are crowned oftenest, and upper cuspids next. Records of thousands of crown orders show that certain moulds of crowns are used much more extensively than others, that they meet most of the average requirements. Dealers are continually calling for these moulds for stocks, showing that they send them out to dentists more often than others and that they are not returned. From our own large retail depots in and about New York, the demand for certain moulds is constant. This assortment is made up of these moulds in such proportions as experience shows to be most generally useful. The shades are those in common use everywhere.

There are four laterals, four centrals and two cuspids in each row in the case. There are ten rows. That means forty laterals, forty centrals and twenty cuspids, the best proportions possible. The four centrals and laterals on the left of each row, two of them rights and two of them lefts, are from one mould. Then come two centrals, one right and one left, from another mould. Next to these are two laterals, right and left, from still different moulds. And the row is completed by right and left cuspids from the moulds most commonly used.

This assortment cannot be excelled in this quantity. It can be improved by adding to. But the dentist who desires to use only 100 crowns cannot do better than to accept this assortment as it stands.

## The Saving by Buying in Quantities of 100

The dentist who conducts what is usually referred to as "a private practice" neglects many of the small elements of profit which the managers of larger practices never overlook. These elements yield only a small profit each. They seem to the dentist to be too small to be worth while. Yet their sum is considerable in a year; often several times as much as the money would earn in any other safe investment.

One such element of profit is the purchase of crowns in lots of at least 100. The dentist in private practice neglects this; the extensive user never does. The result is that the dentist who buys less than 100 crowns at a time pays forty cents each, where the dentist who buys a case at a time and pays cash buys for thirty-three and three-quarters cents each. That six and a quarter cents seems small to some dentists, but it is over 18 per cent. on the sum involved, three years' interest at six per cent., and is earned in a very short time. For the dentist who purchases a tray of crowns on monthly payments, considerable savings are possible. He will get his crowns at 35 cents each instead of 40 cents, a saving of nearly 15 per cent. *He can save enough in this way to make the first five-dollar payment on the case.*



Lingual surface of biscuited crown, showing location of mould number.

## Crown Assortment No. 1 on Approval

If you wish to see this assortment of crowns, with a view to keeping it if it pleases you, send us your name and address to have the case sent through your dealer. You may keep it thirty days, using from it what crowns you desire and satisfying yourself of its many advantages to you. If, at the end of thirty days, you do not feel satisfied to retain it, return it to your dealer, paying for what crowns you have used. If you wish to retain it, pay him for it, either cash or installments.

### COUPON

#### THE DENTISTS' SUPPLY CO.

47-65 West 42nd Street, New York, N. Y.

Send me, for inspection, Crown Assortment No. 1 through my dealer whose name is .....

in { Twentieth Century Crowns\* } value \$35.00. I will either return them in thirty  
 { Dentsply Crowns\* }  
 days, paying for any crowns I may have used, or will pay \$5.00 monthly till \$35.00 is paid.

Name .....

\*Cross out the kind not wanted.

Address .....

627-11-10

# IF YOU HAVE A TWENTIETH CENTURY MOULD BOOK MAKE THESE NOTATIONS IN IT.

The following moulds of

**TWENTIETH CENTURY TEETH**, plain vulcanite,  
(Twentieth Century porcelain, soldered pins)

**DENTSPLY PLATINUM PIN TEETH**, plain vulcanite,  
(Twentieth Century porcelain, all platinum pins)

**DENTSPLY COMBINATION SETS**, plain vulcanite,  
(Twentieth Century porcelain, platinum pin anteriors, bicuspid and molars diatomic)

are now furnished with anatomical bicuspid and molars. The mould numbers of these different forms of teeth are all alike, but orders should plainly specify which form of teeth is desired, as Twentieth Century Teeth, or "Dentsply Combination Sets."

|                    |    |    |              |    |    |     |     |    |    |    |    |     |    |
|--------------------|----|----|--------------|----|----|-----|-----|----|----|----|----|-----|----|
| Upper mould        | 2  | 4  | 5            | 6  | 7  | 8   | 9   | 10 | 11 | 12 | 13 | 15  | 16 |
| Articulating lower | 39 | 67 | 39           | 39 | 67 | 51  | A5  | 51 | 67 | A5 | 67 | 14  | 67 |
| Upper mould        | 17 | 18 | 19           | 20 | 21 | 22  | 23  | 35 | 36 | 42 | 44 | 45  | 47 |
| Articulating lower | 14 | 14 | 67           | 39 | 67 | 67  | 3   | 39 | 67 | 14 | 27 | 103 | A5 |
| Upper mould        | 48 | 50 | (ready soon) |    |    |     | 51  | 52 | 65 | 67 | 68 | 70  | 78 |
| Articulating lower | A5 | 16 |              |    |    |     | 67  | 52 | 51 | 67 | 14 | 67  | 78 |
| Upper mould        | 87 | 88 | 89           | 90 | 93 | 103 | 104 |    |    |    |    |     |    |
| Articulating lower | 87 | 10 | 67           | 67 | 93 | 3   | 103 |    |    |    |    |     |    |

**If you haven't a Twentieth Century Mould Book, you may have one, free on request.**

This book has done more to educate dentists in the matter of selecting teeth than any other. It contains tables of tooth measurements and illustrations, which are instructive and useful. With the book is furnished, free, a millimeter measure to aid in the selection of teeth, crowns and facings. Just fill in this coupon and return it to us.

**The Dentists' Supply Co.,**

**47-65 West 42d St., New York, N. Y.**

Send me, free, postpaid, a Twentieth Century Mould Book and millimeter measure.

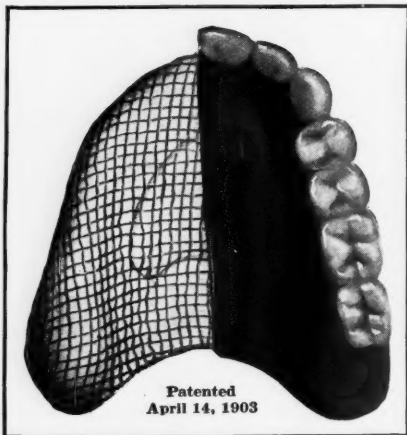
Name.....

Address.....

IF YOU WANT **THE** BEST SPECIAL WORK  
**ONLY,**  
 AND THAT **WAY,** WHY GO  
 MILES OUT OF YOUR **WAY,** THERE IS JUST ONE

PLACE WHERE ALL **S**PECIAL WORK IS  
 DONE WITH A CAPITAL **S** AND THE SAME GOOD  
 OLD CAPITAL **S** STANDS FOR  
**S**UPPLEE'S **S**EPARABLE **S**ANITARY **S**ECTION

A REMOVABLE GUM FOR DENTURES, THAT MAKES DIFFICULT SPECIAL  
 BRIDGE-WORK AN EASY PROBLEM  
 TO SOLVE



**PERFECTION PLATES**  
**Bennett Bar Bridges**  
**Lingual Bar Lower Plates**  
**Crowns and Regular**  
**Rubber and Gold Plates**

Are Made Continually and Correctly by

**SAM'L G. SUPPLEE & CO.**  
**874 BROADWAY, NEW YORK**

# A NEW BOOK ON DENTAL BUSINESS

## "The Business Problems of a Profession"

FREDERICK CROSBY BRUSH, D.D.S.

*Price \$1.00*

*In Press Now*

*Out Soon*

It is doubtful whether any other member of the dental profession is better qualified to write in a practical manner on the business problems of the dentist than Dr. Brush. Extended experience and observation, together with years of study, have given him such a knowledge of the business problems confronting the dentist, together with sane methods for their solving, as is possessed by few members of the profession.

During the past two years Dr. Brush has lectured before many dental societies on different phases of the general subject, "Dental Business." He has quizzed and been quizzed. He has helped and been helped. He knows what dentists need. And he has put the fruits of all these lectures, together with other material, into this book.

It is not a large book—not too large to slip into the pocket for a perusal at an opportune moment. The chapters are not long—almost any one of them can be read in five minutes. But they are all meat. Every unnecessary word has been stricken out.

It's a little book to buy or carry; but it's a big book to master.

### ON THREE DAYS' APPROVAL

Send one dollar, a bill, stamps, check or money order, and receive the book by mail. At any time within three days you are at liberty to mail it back to us and have your dollar returned. But if you once begin to grasp what this book contains for the ambitious dentist, you would not sell it for many times its cost.

Of course you may order it sent through your dealer, if you give his name.

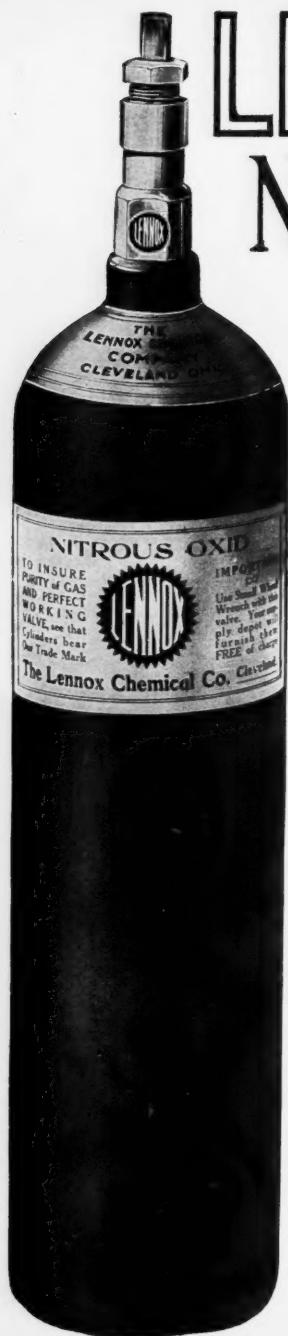
### COUPON

The Dentists' Supply Co.  
47-65 W. 42d St., New York.

Enclosed find one dollar. Send me one copy of "The Business Problems of a Profession," on three days' approval.

Name.....

Address.....



# LENNOX NITROUS OXIDE

WITH

## LENNOX OXYGEN

The Safest  
Anesthetic  
Known

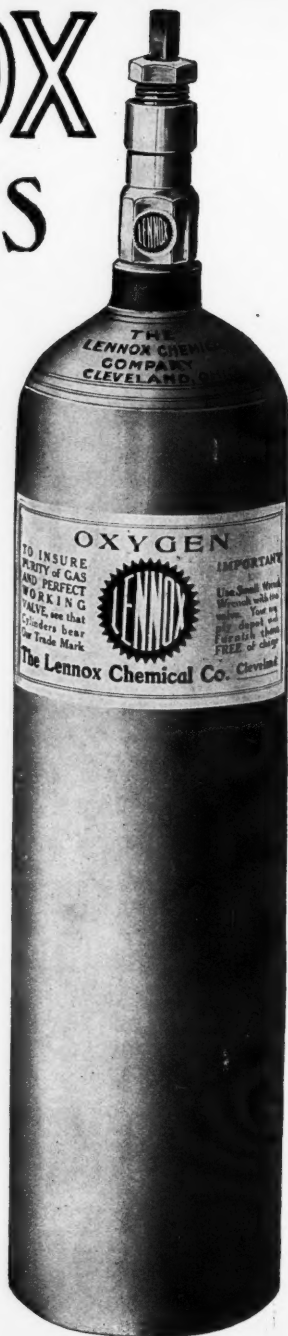
Absolute Purity  
Easy Working Valves  
No Leakage  
Prompt Delivery

Write for Booklet D

The Lennox Chemical Co.

Owned and Operated by  
The Bishop & Babcock Co.

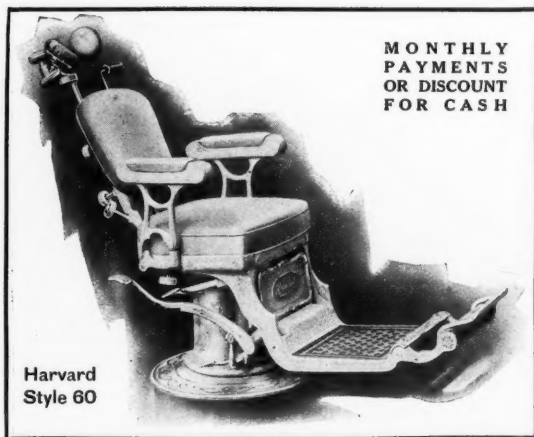
1201-1213 East 55th Street  
Cleveland, Ohio



# HARVARD

**Comfort:** All Humanity is striving for it.

**Your Patient** will recognize and appreciate a good comfortable  
**Dental Chair.**



A Dentist is afforded a certain degree of Comfort in his work by the convenience of his chair. The satisfaction gained on the part of Dentist and Patient more than equals the small investment in a **Harvard** No. 60.

The beauty in design of a **Harvard** No. 80 Cabinet adds to the appearance of an office, and is well worth a slight difference in **cost**, for its quality and convenience to you.

We put in a sterilizer instead of the large mirror for \$10.00 extra if you prefer it that way.

---

Send for catalog and ask about our liberal terms or cash discount.

---



## HARVARD COMPANY

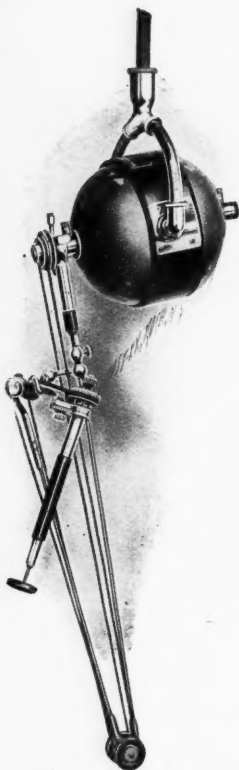
### CANTON, O.



COLUMBIA

## YOU WON'T KNOW

How much more work you can do and  
how much better you feel  
until you get a Colum-  
bia Electric Engine.



¶ Life is too short at its longest to hasten its close by using more energy and nerve force than you have to.

¶ Get one of these Electric Engines now, before the real cold weather sets in, and then at the end of the day you'll feel more like enjoying yourself by going out somewhere for a walk or ride, instead of sitting home to renew your spent strength.

¶ Remember, it only takes a small cash payment to secure it and the balance can be paid monthly.

¶ Send for catalog.

THE RITTER DENTAL MFG. CO.

ROCHESTER, N. Y.

COLUMBIA

## Does it make any Difference

To you what kind of prosthetic work you do ?



¶ It does to most dentists, for no matter how much work some of them may have done outside, they take pride in doing their own work as well as they can, especially those dentists who use Columbia Electric Lathes.

¶ With our Electric Lathe in a laboratory there is no tendency to shirk a piece of work because the body is tired, for there's absolutely no physical effort required and consequently a man can do twice or three times as much work at far less cost and with infinitely better results than is at all possible with one lathe worked by foot power which just about takes all the strength a man has and leaves him nothing.

¶ What is there in this kind of an existence for any progressive dentist ?

¶ Five dollars a month will put the highest type lathe in your laboratory and 'twill earn four times that amount, at least, every month. ¶ You know it would pay you, don't you ?

¶ Put your order in to-day through your dealer and see how much better you feel all around.

**THE RITTER DENTAL MFG. CO.**

ROCHESTER, N. Y.

47

We have the best filling gold in the world; Why? Because we are up-to-date refiners. To prove this we have the certificate of the United States Assay Office at New York City dated April 7, 1909, showing 1000 fine gold.



TRADE MARK

**EDWARD ROWAN**  
INC.

625 East 163d Street  
NEW YORK

**Gold Refiners  
and Alloyers**

Established 1878 Incorporated 1908

*We also manufacture a complete line of*

**Mechanical Materials "Prosthetic"**

Gold Plate 18K  
" 20K  
" Coin  
" 22K Light, Regular and Dark  
" 23K  
" 24K  
" Non-Ox.

Gold Shells 22K

" Disks 22K

" Nuggets

Agency Gold Plate 22L, Reg.

" " Shells 22, Reg.

" " Disks 22L, Reg.

Gold Clasp

Gold Solders for 22K

" 20K  
" "H. G." " 18K " "High Grade"  
" 16K  
" 14K

Gold Solders for 22K

" 20K  
" "Agency" " 18K " "Agency"  
" 16K  
" 14K

**"Operative Materials"**

"E. P." Gold, Cohesive, \$3.60

" " Soft

" " Black System

"Decimal" Gold, Cohesive, \$3.20

" " Soft

"Ro-An" Gold,  $\frac{1}{8}$  oz., \$3.50

Rolled Gold, Regular

" " Special

Gold Foil, Coh., Soft

All numbers

Gold Foil, Untrimmed

Cohesive Magnetic Folds

Wrinkled Gold Rolls

G. & P. Foil Preparation

Folds—Rolls—Cylinders

Gold and Tin Cylinders

Tin Cylinders,  $\frac{1}{4}$  oz.

**"Inlay Materials"**

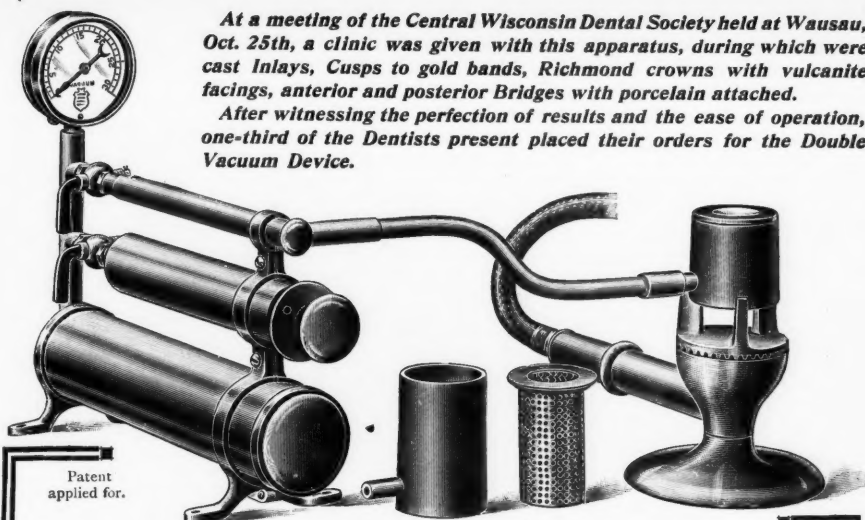
**PLATINUM**

**GOLD**

|        |        |         |        |
|--------|--------|---------|--------|
| 1/500, | 1/750  | 1/1700  |        |
| 1/1000 | 1/1200 | 5/1000, | 4/1000 |
| 1/2000 |        | 3/1000, | 2/1000 |
| 1/3000 |        |         |        |



**STANDARD OF PURITY FOR 30 YEARS**



*At a meeting of the Central Wisconsin Dental Society held at Wausau, Oct. 25th, a clinic was given with this apparatus, during which were cast Inlays, Cusps to gold bands, Richmond crowns with vulcanite facings, anterior and posterior Bridges with porcelain attached.*

*After witnessing the perfection of results and the ease of operation, one-third of the Dentists present placed their orders for the Double Vacuum Device.*

## **The Reason this Device is Selling so Rapidly is Because:**

It is simple to operate.

It requires but little time.

It demands no attention while heating.

It cannot explode the investment because the steam is not confined.

The Flask is not transferred.

The connections are all made before heating.

The opening of the suction cock forms a vacuum in the Flask.

The gold goes to place perfectly because all the air is drawn from the mold.

You can cast inlays to the finest detail.

You can cast porcelain-faced bridges with perfect safety.

You can cast cusps to gold bands with a union as strong as solder.

You can make a Richmond crown after the root is prepared as easily as an inlay.

---

**Price complete as shown above, \$25.00**

---

It is easy to cast aluminum plates with our Flask.

Write for information if interested.

If you have a vacuum machine and appreciate the advantage of our Double Vacuum Flask, the Connection, Flask, and Burner may be bought separately.

Order direct or through your dealer.

**WETHERBY DENTAL CO., Milwaukee, Wis.**

# Caulk's Accurate Metalloy

IN  
1 OZ. AND  
5 OZ.  
PACKAGES



IN  
SHAVINGS  
OR  
FILINGS

This is an alloy of very high grade, made after a formula which requires silver, tin and other metals in the right proportions to secure neutrality between expansion and contraction.

This alloy has been made to meet the demand for a material of really high grade selling at \$1.50 per ounce.

It is melted in electric crucibles, cut and annealed scientifically; and all the pains are employed that can be employed in producing an alloy from a set formula.

The crude metals are purchased in large quantities, from the most reliable firms, and every effort is put forth to keep this alloy without variance from a uniform standard.

It is a most satisfactory and dependable alloy, sold at a modest price.

***Per ounce, \$1.50***

# CAULK'S COPPER CEMENT

A Cement that  
is Adhesive,  
Antiseptic and  
Unequaled in  
its Sedative and  
Preservative  
Properties :: ::

**F**OR A WIDE RANGE OF OPERATIONS there is no material that will give the same results as CAULK'S COPPER CEMENT. It has extreme tenacity and does not break, chip or wash out of a cavity. Only the slightest undercuts are sufficient to retain it. It is not intended to replace other filling materials, but to supplement them.

## WHEN INDICATED

**For the filling of children's teeth** it has no equal. It may be inserted after the slightest excavation, thus avoiding the pain and nervous strain of extended operations. It is a germicide, arresting and preventing decay, thus tending to preserve the deciduous teeth for the normal period. It is a boon for both patient and operator.

**For filling the teeth of adult patients** when the tooth structure is generally soft, broken down and susceptible to decay, it is peculiarly adapted. It is easy to insert and sure to stay. When the cavity is dry it has the effect of sterilizing any remnant of decay not removed; and thus deep excavation and undercutting are avoided. When numerous cavities in a mouth are filled with it, it has a preservative effect, not only on the teeth in which it is placed, but on the teeth generally.

**In the case of nervous or weak patients or delicate women**, particularly during the period of pregnancy—when the teeth are peculiarly soft and susceptible to decay—this material should be used for fillings, as it may be inserted quickly, practically without pain, is certain to stay, and its salts act to preserve the tooth structure.

**In setting crowns where the roots are frail, chalky, or showing tendency to decay**, it should be used. The crowns will stay, will be comfortable, and decay prevented. Many reputable dentists assert that where there is pyorrhea traveling from tooth to tooth a crown set with CAULK'S COPPER CEMENT halts its progress.

## ITS NATURE

It differs from other copper cements in that it is not all copper, but contains a percentage of specially prepared zinc oxide. It is also free from arsenic and cobalt, elements which enter largely into most copper cements. When mixed it is, of course, nearly black, which must always be taken into consideration.

*Per Package, \$1.50*

**THE L. D. CAULK COMPANY**  
**906 Real Estate Trust Co. Building, Philadelphia, Pa.**  
**LABORATORIES: MILFORD, DELAWARE**

# Back Numbers of The Dental Digest for sale at half price

WE have a few copies of each of the February, March, April, May, June, July, September, 1910, issues, which you may have at five cents each, *money with order*. Some of these contain articles of *great value*. This is an opportunity to fill up your files at little expense.

---

## The Dentists' Supply Co.

47-65 West 42<sup>nd</sup> Street, New York, N. Y.

### Special Announcement

READ !!

*A 2-oz. Bottle FREE.* For those who have not been so favored, we will send once, on receipt of 25 cents to pay postage and packing, a 2-oz. bottle of

#### THE WORLD'S FAMOUS

#### Dr. Gilmore's Excel Aseptic Local Anaesthetic

*A trial will convince you*, as it has thousands of others, that *Dr. Gilmore's Excel* is the safest and most efficient on the market today, and, at our profit sharing prices, the lowest in cost.

**PROFIT SHARING PRICES:** 2-oz. bottle, 75 cents. 5 2-oz. bottles, \$3.50. 12½-oz. bottle, \$3.00. 4 12½-oz. bottles, \$11.25.

FROM YOUR DEALER OR SENT PREPAID ON RECEIPT OF PRICE

See Advertisement on Page 23

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Manufactured by EXCEL CHEMICAL COMPANY  
Established 1895 DUMONT, N. J.



## BARGAINS IN SECOND-HAND GOODS

---

|   |         |
|---|---------|
| 1 R. & R. Cabinet No. 66, Golden Oak . . . . .                                      | \$80.00 |
| 1 R. & R. Cabinet No. 35, Golden Oak . . . . .                                      | 65.00   |
| 1 Modern Sterilizer, for gas . . . . .  | 5.00    |
| 1 Turner Gasoline Porcelain Outfit (new) . . . . .                                  | 17.00   |
| 1 Harvard Chair (new style), leather, slightly used . . . . .                       | 140.00  |
| 1 Victor Lathe D. C. . . . .  | 20 00   |
| 1 Berry Lathe, D. C. . . . .  | 15.00   |
| 1 Hammond Furnace No. 1 . . . . .   | 22.50   |
| 1 Ritter D. C. Lathe . . . . .  | 25.00   |
| 1 Electro Dental Engine, A. C. No. 22. Complete with Doriot<br>Hand-piece . . . . . | 95.00   |

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THE DENTISTS' SUPPLY CO., 47-65 W. 42d St., N. Y.

## DENTAL CARIES

is always added to, if not actually caused by the systemic poisons produced by chronic constipation.

In correcting this condition the dentist should consider the advantages of

## PRUNOIDS

(EDIBLE TABLETS)

an ideal purgative free from the evil after-effects common to usual cathartic medication. It empties the bowel perfectly without griping or irritation, and stimulates the intestines to normal activity.

The dentist will find Prunoids his most dependable therapeutic ally. Samples on request.

THE SULTAN DRUG CO.  
ST. LOUIS, MO.

SOLD BY DRUGGISTS

# When You Drill Into a Dead Tooth

think of Improved Co-Arda. It's the only abscess remedy that will give you perfect success every time. Any abscess will yield with from one to three treatments. Improved Co-Arda not only takes away most of the disagreeable work in treating abscessed teeth by its quick and powerful action, but it also insures an absolute cure.

## IMPROVED *Co-Arda* Powder-Liquid Points

*REMEMBER that Improved Co-Arda is the only combination abscess cure and permanent root-filling in existence. There is nothing just as good. There is nothing like it. It is absolutely in a class by itself.*

Every package contains one bottle of Powder, one bottle of Liquid, one box of Co-Arda Points. Sold and guaranteed by every dental dealer in the United States.

**The Co-Arda Company**

**Scranton, Pa.**

## Is There Any Difference?

WE are often asked "Is there any difference between Dioxogen and ordinary "peroxide of hydrogen"?"

This question has been answered in a most convincing way by the Pure Food & Drugs Report (1909-1910) of the Connecticut State Agricultural Experiment Station. This report shows:

That out of 32 samples of  $H_2O_2$  tested, representing all well known makes, DIOXOGEN was the *only one* to pass without criticism.

That some samples were not up to the required standard of strength.

That some samples contained *an excess of acid*.

That some samples contained *an excess of solid residue*. (Solutions containing a high percentage of solid residue are exceedingly irritating to the sensitive mucous membrane of the mouth).

That *some* were deficient in *all* respects.

That *all*, except DIOXOGEN, were deficient in *some* respect.

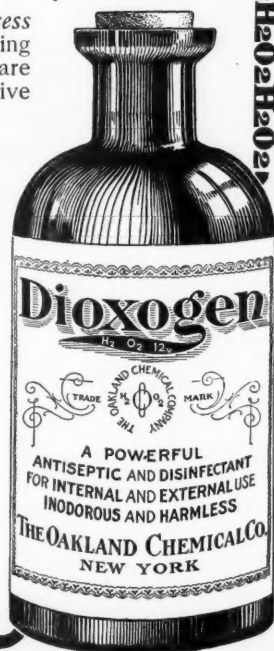
DIOXOGEN passed without criticism, and it always will, because it is always uniform, always of the same high standard—a standard much higher than the U. S. P. requires.

You are *sure* when you use DIOXOGEN.

Write for complimentary sample and literature.

**The Oakland Chemical Co.**

98 Front St., New York, N. Y.



# A Gillette Christmas

**G**IVE him a Gillette Safety Razor and you will see him as interested as a boy on Christmas morning. It is a man's gift that never fails to please. You know he usually feels rather silly over his Christmas presents. He takes the will for the deed.

If you want him to enjoy the gift as well as the intent give him a Gillette.

The Gillette appeals to his sense of the practical—the mechanical. It is so compact, workmanlike, efficient. It is so all-there and all right.

Give him a Gillette and watch his face when he opens the package.

There are all styles, to suit every need and every purse. The case made of metal, morocco grain leather, real seal or English pig skin; the razor silver or gold plated.

You can buy a standard set at \$5.00 and a pocket edition at \$5.00 to \$6.00. Combination and travelers' sets at \$6.00 to \$50.00. There are now two sizes of blade packets—12 double-edge blades, \$1.00; 6 double-edge blades, 50 cents.

Write and we will send you an illustrated pamphlet.

*King C Gillette*

GILLETTE SALES COMPANY, 44 W. Second Street, Boston

New York, Times Building

Chicago, Stock Exchange Building

Gillette Safety Razor, Ltd., London

Eastern Office, Shanghai, China

Canadian Office, 63 St. Alexander Street, Montreal

Factories: Boston, Montreal, Leicester, Berlin, Paris

# Read Our Profit Sharing Methods

HIGHEST STANDARD—LOWEST PRICE  
YOU CAN PAY A HIGHER PRICE  
But You Can't Get a Better Anaesthetic

THE WORLD'S FAMOUS  
**DR. GILMORE'S EXCEL**  
Aseptic Local Anaesthetic

ACKNOWLEDGED THE BEST BY ALL WHO HAVE USED IT. TRY IT  
YOU WILL USE NO OTHER



SAVE  $\frac{1}{2}$  ON YOUR ANAESTHETIC and get better results.  
YOU OWE IT TO YOURSELF AND PATIENTS to use the safest  
and most efficient.

IMPOSSIBLE? Seems that way at first thought, but it isn't.

## HOW IT IS DONE

- 1st. We discontinued sampling; that reduces the cost considerably.
- 2nd. We made one price to all dealers; that reduced the cost of keeping our books and billing to one-half over the scaling prices, at the same time benefiting the dealer.
- 3rd. We open no accounts; that makes another saving.
- 4th. The enormous increase in our business made it possible to produce this famous Anaesthetic at a much lower cost.
- 5th. Dealing for cash, there is no loss. So you do not have to pay for the goods the other fellow does not; only what you use.
- 6th. Our profit sharing; instead of keeping the price the same and making more money we reduced it and share the profits with you.
- 7th. Last but not least, the price of Cocaine has declined more than one-half. We have as expensive a formula as any, but we are sharing our profits with you, hence the present prices.

You can always depend upon Dr. Gilmore's EXCEL to extract absolutely painless if correctly used.

Can be used as freely as water without danger of toxic or after effect.

### PROFIT SHARING PRICES

2 oz. Bottle, 75 cts

Five 2 oz. Bottles, \$3.50

12½ oz. Bottle, \$3.00

Four 12½ oz. Bottles, \$11.25

From your Dealer or sent prepaid on receipt of price

Manufactured by  
Established 1895

**EXCEL CHEMICAL CO.**

Department B  
DUMONT, N. J.

Branches—GREATER NEW YORK CITY

To be had at the Dentists' Supply Company and all its branches

# **WHY USE HALL'S Mounted Separating Disks?**

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## ***Because***

They are acknowledged to be the best disk ever manufactured; one will outlast half a dozen of the ordinary kind.

They are ACCURATELY MOUNTED, better than you can do by hand; they run smooth and true; they are all ready to slip into your hand-piece, save your time and loss from breakage.

They are tougher and more durable; will stand a side strain that breaks any other make.

They are made in every style, Regular and Safe-sided, Flat, Concave and Inverted, and in all sizes.

**YOU WANT TO DO GOOD WORK  
CAN YOU, WITHOUT USING THE HALL MOUNTED DISKS?**

Then look at the price  
ONLY THIRTY-FIVE CENTS A DOZEN

---

**THE WM. R. HALL & SON CO.  
115 NORTH 17th St., PHILADELPHIA, PA.**

# Kerr Perfection Impression Compound

**SOFTENS  
EASILY**



**HARDENS  
QUICKLY**

## IT IS IMPOSSIBLE TO MAKE GOOD WORK WITH A POOR IMPRESSION

**KERR PERFECTION IMPRESSION COMPOUND** takes a clean cut, sharp impression, showing every detail with accuracy. Softens at a low temperature. It hardens quickly and evenly in the mouth, becoming very hard, and does not warp or creep. A perfectly fitting plate can be made from a Perfection Impression where other means have failed.

**KERR PERFECTION IMPRESSION COMPOUND (Sticks).**—This is a very convenient form where a small quantity of Compound is to be added or traced quickly on an impression. It is also used for taking impressions of cavities for inlay work.

**KERR PERFECTION IMPRESSION COMPOUND (Wafers).**—This form is a very thin sheet about the thickness of light cardboard. It is very convenient to spread over a surface to add slightly to its thickness. It can be softened very quickly.

**Price per Box, 50 cents (All Styles)**

MANUFACTURED BY THE

**Detroit Dental Manufacturing Co., Detroit, Michigan, U. S. A.**

# FREE SAMPLES OF Aschers Artificial Enamel

AND

a beautiful porcelain shade guide, liquid and powder measures, and literature will be sent on receipt of 25 cents in stamps, to cover packing and postage. Send at once, before the supply is exhausted.

THE PINCHES DENTAL MFG. CO.,  
1181 Broadway, New York City.

Enclosed find 25 cents in stamps to cover packing and postage on a trial package of ASCHERS ARTIFICIAL ENAMEL (Improved), one porcelain shade guide, powder and liquid measures, and literature, to be sent me free of charge.

Name.....

Address.....

Dealer's Name.....



# You Can Make a Seamless Gold Crown in Five Minutes

---

BY THE USE OF

---

## The New Century Steel Tooth Forms and Swager

*Seventy-two hardened, polished, steel tooth forms that never change shape. Reproductions of typical forms in natural teeth. Hardened steel handle into which shank of each tooth form fits. Shown on opposite page. : : :*

**Price, \$12.50**

Including 72 forms, handle, swager and case.



**B**Y means of these New Century Steel Teeth and the Swager which is furnished free with them, a seamless gold crown may be completed in a very few minutes and with a minimum of labor. Many of the steps heretofore difficult are rendered easy and rapid.

**To swage bicuspid and molar crowns.** Select a tooth form of the proper size and place over it a seamless gold shell which fits snugly. In the upper ring of the swager is a pine block. Set this upper ring on a firm base. Place the handle (furnished with the set) over the shank of the tooth form selected and drive the shell into the upper end of the pine block until the occlusal surface is buried. Lift out. If shell is buckled on sides (which rarely occurs when swaging on a firm base) adapt to form by light malleting. Place tooth form and shell in position on pine block and drive till shell is wholly buried in the wood. Place upper ring on lower ring, remove set screw from handle and mallet until the pine block is driven through into the lower ring. The

**New  
Century  
Contouring  
Pliers.**

**Price, \$2.50**



opening in the upper ring tapers toward the lower end. It thus condenses the

wood about the sides of the shell and secures accurate adaptation. When the block reaches the larger opening in the lower ring it is released and may be easily removed from about the shell. Pine blocks, all shaped, are furnished on order at seventy-five cents per hundred, or can be made by the dentist with the swager sent with the outfit.

**To swage anterior crowns.** Drive the tooth form, without any shell on it, into the pine block, thereby making a counter-die into which that form fits. Adapt shell over tooth form and shape approximately with light hammer blows before driving into wood. Then oil the shell outside as well as inside. These means will assist in avoiding tears in swaging these crowns with sharp edges.

**A novel idea in anterior tooth forms.** These are made approximately round in the middle and cervical thirds to facilitate drawing the shell from the form. Select the one having proper circumference at neck and swage as here described. Remove from form and make gentle pressure on the mesial and distal surfaces. This will flatten to approximate root form. Final adaptation will be found easy.

## **The New Century Contouring Pliers**

SHOWN ON OPPOSITE PAGE

**Price, \$2.50**

By means of these valuable pliers crowns may be adapted to meet the articulation in any individual case. Beaks "A" and "B" shape the labial and lingual surfaces of anterior crowns, giving the hollow lingual surfaces so greatly to be desired.

Beaks "C" and "D" permit drawing out or flattening the cusps of posterior crowns to meet any requirements.

**To lengthen cusps.** With beak "C" inside shell, draw out cusp as desired by pressure against beak "D."

**To flatten cusps.** With beak "D" inside shell, make pressure against beak "C."

If your supply house does not carry these goods, send orders or inquiries directly to us.

Price of swager sold separately, \$1.00.



*Swaging a seamless crown easily and quickly*

# **THE CENTRAL TOOL CO.**

INCORPORATED

110 West Exchange Street,

PROVIDENCE, R. I., U. S. A.

# Multiplying Results by 2

---

¶ A man rarely accomplishes more than he sets out to accomplish—usually it is a little less.

¶ If he buys cheap tools and materials the results are bad—because he expects little from them and, therefore, puts little pains and effort in his work.

¶ It is rare that any one gets from his labors results better than he anticipates.

¶ There are hundreds of dentists who regard all cements as temporary and unsatisfactory; and they manipulate these materials accordingly.

¶ Almost any dentist could take the cement he is using, and by careful cavity preparation, proper mixing and manipulation, and an observance of the details which theory and practice have proved sound, multiply the results he is getting by 2.

¶ In other words, every dentist should expect more of his dental cement, and then give it a chance to demonstrate its utmost possibilities.

**THE L. D. CAULK COMPANY**

## Multiplying Results by 4

---

¶ If you will watch the man who is using a cheap, crude dental cement, you will observe that he manipulates it indifferently, prepares the cavities hurriedly and inadequately—he does not expect much from it anyway.

¶ Such a man may instantly multiply the results of his cement work by 4. First, he should get the best cements; they should at least be three in number to meet the requirements of the several classes of operations to be performed.

¶ He should get Caulk's Petroid Cement Improved for fillings; Caulk's Crown and Bridge and Gold Inlay Cement for the special lines of work for which it is made; and Caulk's Copper Cement for a number of operations for which it is peculiarly adapted.

¶ He should use each of these cements when indicated, following the manufacturer's suggestions carefully and exercising his highest skill in each operation.

¶ In most instances this would result in multiplying the efficiency of cement work by 4.

**THE L. D. CAULK COMPANY**

**DENTINOL**  
(Applied by the Dentist)

**PYORRHOCIDE**  
(Used as a Dentifrice)

# 20 Pyorrhea Cases

---

were selected by Dentists of Philadelphia and presented at our **PYORRHEA CLINIC** for treatment. **EVERY DENTIST** within a radius of fifty miles was invited to *bring the hardest Pyorrhea case* he knew of and *we would not only treat the case, but carry it through to completion and SHOW THE RESULTS.*

**"PRESENT YOUR OWN CASE"**  
**"WATCH ALL THE TREATMENTS"**  
**"SEE THE RESULTS"**

is our method of demonstrating our **PREPARATIONS.**

**YOU ALSO** can get beautiful results with the use of the Improved Dentinol Pyorrhea Scalers (set of 12) and the Dentinol Perfect Syringe (flat tip) in conjunction with

## DENTINOL and PYORRHOCIDE

The fact that our preparations contain *no acid nor harmful drug*, together with the fact that *quick results* follow treatment, makes them very valuable to *all Dentists.*

**SPECIAL PACKAGE**, containing 1 large bottle of Dentinol, 5 cans of Pyorrhocide, and a medicine bottle labeled "Dentinol," sent, express prepaid, upon receipt of \$5.00 and the name of your Dental Depot.

---

---

**THE DENTINOL AND PYORRHOCIDE CO.**  
**1 UNION SQUARE, NEW YORK CITY**

# VELVO

Samples of the following preparations can be had by writing to the  
Velvo Dental Specialty Company, Stapleton, N. Y.

**Velvo Root Filling and Treatment**—By far the best on the Dental market today. Hundreds of testimonials. Large package \$1.00; sample box free.

**Velvo Devitalizing Fibre** will kill pulps painlessly; try it for yourself. \$1.00 per package; sample for the asking.

**Velvo Boro**, an antiseptic suction powder, good for sore mouths, canker sores, etc., caused by artificial dentures. Sprinkle with Boro the palatal surface of a full or partial denture in the morning and the plate will remain a fixture for the rest of the day. Sell it to your patients; retails at 50c. a box; special discount to the profession in dozen lots; samples free.

**Velvo Cap**, as the name implies, is essentially a pulp capping cement, but there are other uses to which it can be put as well as that of capping pulps. For instance, Velvo Cap can be used as a temporary stopping, and, in fact, is one of the best temporary stoppings on the Dental market today. It requires no heat and it can be inserted without drying the cavity. Mix four or five drops on one of our prepared pads and the capping will be kept soft all day and will not harden until the moisture strikes it. It can be readily excavated without any trouble.

In sensitive teeth insert a filling of our Capping, leave for a week and the tooth can be prepared without any pain whatsoever and with no danger to the pulp. In filling deciduous teeth simply use our Pulp Capping as a Stopping. It will stand mastication, and even in the permanent teeth it will last as long as the Oxy-Phosphate of Zinc cement. Always mix the Capping on one of our prepared pads and absorb as much of the mix as possible. Don't throw away your excess as you can use it during the day.

Samples of this Capping can be had by writing the Velvo Dental Specialty Company, Stapleton, Staten Island, N. Y. Price, large box and pads, \$1.00.

**Velvo Sedative Fibre** cures toothache from exposed pulps in one minute; a specific in children's teeth. This is a Fibre and comes prepared for immediate insertion (is not a liquid). It sells for 25c., special price by the dozen to the Profession; sample box by mail, gratis.

*The above for sale by The Dentists' Supply Company or any first class depot, or direct from*

**The Velvo Dental Specialty Company**

Head Office, Welles Building, 18 Broadway, New York.





EXACT SIZE BOTTLE  
OF POWDER

SOLE AGENTS IN UNITED STATES AND CANADA

FOR

## Brill's Plastic Porcelain Filling

AN ENTIRELY NEW DEPARTURE

Imported from Germany and sold only in original packets

*The only preparation at present on the market that can be used with equal success for Cement Filling and Porcelain Work*



EXACT SIZE BOTTLE  
OF LIQUID

**B**RILL'S PLASTIC PORCELAIN is a true Porcelain Cement on the silicate order. There are no complex directions to be observed in its use. Simply follow the ordinary rules laid down on oxyphosphate of zinc cement filling, with the exception that better results will be had by substituting bone spatules for steel in mixing the mass. You can contour with Brill's the same as with gold.

Brill's Porcelain is equal to alloys in withstanding mastication. It sets much quicker than the other silicate cements,

takes a higher polish, and is more translucent; has better shades, and mixes like velvet (not granular). The powder can be mixed with water and burnt in an oven at a temperature of 1600 degrees, for inlays, if so desired; but as a cement filling it is better than any inlay, in the fact that it is as adhesive as oxyphosphate of zinc.

Note what the highest authorities on Porcelain in America and Europe think of Brill's.



Price \$5.00 per Packet

Continued on next page



Dr. W. A. CAPON, of Philadelphia, writes in part:

"The shades are more natural than anything I have seen, and it has the advantage over all others of being a real porcelain in a plastic form, and it has all the qualities of low fusing body when burnt."

Dr. W. A. HOFFMAN, Municipal Dentist of Freiburg, Germany, writes in part:

"My colleague, Brill, let me have samples of his new filling substance about a year ago, and what interested me most was that the cement powder could be used either for ordinary filling or porcelain work. My tests were chiefly in the latter direction, though as a filling I was agreeably impressed by its rapid setting and the needlessness of a protection after completion; and through its simplicity, and the splendid result which was obtained by it, the preparation will soon be indispensable to every professional man.

"After I, myself, in spite of five years' work in the production of a silicate cement, did not obtain any practical result, I do not hesitate to declare that the Brill Porcelain is an essential improvement on our plastic filling materials.

"I hope that this article will induce very many colleagues to test the value of the results obtained by me."

BRILL'S PLASTIC PORCELAIN is put up in ten colors, namely:

|                     |                    |
|---------------------|--------------------|
| No. 1. White        | No. 6. Pearl Gray  |
| No. 2. Ivory White  | No. 7. Brown       |
| No. 3. Light Yellow | No. 8. Light Green |
| No. 4. Yellow       | No. 9. Light Rose  |
| No. 5. Light Gray   | No. 10. Dark Rose  |

### BRILL'S PLASTIC PORCELAIN

#### LARGE SIZE PACKETS

|               |                              |        |
|---------------|------------------------------|--------|
| Brill's P. P. | 1 powder, 1 liquid           | \$5.00 |
| " "           | assorted packets, 4 powders, |        |
| " "           | 2 liquids                    | 16.00  |
| " "           | powder only                  | 3.75   |
| " "           | liquid only                  | 1.50   |

#### SMALL SIZE PACKETS

|               |                              |        |
|---------------|------------------------------|--------|
| Brill's P. P. | 1 powder, 1 liquid           | \$3.00 |
| " "           | assorted packets, 4 powders, |        |
| " "           | 2 liquids                    | 10.00  |
| " "           | powder only                  | 2.25   |
| " "           | liquid only                  | 1.00   |

**Samples of Velvo preparations free.**

**Liberal samples of Brill's, 25c. to cover cost of importing.**

**FOR SALE BY DENTAL SUPPLY DEALERS**

or from

**VELVO DENTAL SPECIALTY CO.**

Head Office, Welles Building, 18 Broadway, New York.

Incorporated 1905, under laws of the State of New York.

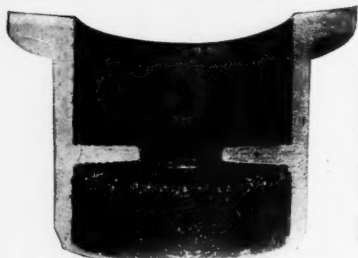
# ERIE CABINET STERILIZERS



Class G—Patented

are efficient, economical, and of handsome appearance. They surround their contents with germicidal vapors. They are operated almost without expense. They impress patients with the thoroughness and cleanliness of the owner. From any viewpoint they are among the most desirable of all pieces of office furniture. Write for literature showing the low purchase and operating costs. Mention this magazine.

**ERIE CITY MFG. CO., Erie, Penn.**



## If You Imagine

that the secret of success in casting work depends primarily upon some particular form of pressure or vacuum, and that the investment of the model is of minor consideration, try a **Pieper Casting Flask** and you will be amazed at the uniformly superior results that come from the use of these flasks.

The upper or crucible section of the flask being divided from the lower or mould section by the diaphragm indicated in the cross-section prevents any possible escape of the driving energy.

For those desiring a complete Pieper casting outfit there is supplied a very effective hand pressure plunger and three flasks with crucible formers.

These flasks are made in two sizes, crucible formers accompany each flask. When ordering always state machine for which flasks are intended.

Flasks, including crucible formers,  
Pieper Casting Outfit, . . . . .

Price, \$1.25  
5.00

**Dr. E. O. PIEPER DENTAL MFG.**

**San Jose, Cal.**



## INLAY INSURANCE

Shape your cavity correctly, and mighty few Inlays will come out.

The use of Miller's Quick-Cutting, True-Running Points is one sure means of shaping the cavity properly—and **insures** successful Inlay Work.

Over 50 shapes, including the valuable ones shown above—a shape for every purpose.

Mounted to fit Universal and No. 6 Handpiece and No. 2 and Davis Angles. And they cut coolly—don't hurt.

Stocked by nearly all reliable depots.

15c each, 75c per half dozen or \$1.50 per dozen.

For Lists Ask

*Chicago Wheel & Mfg. Co.*

Grinding Wheel Makers

118 South Aberdeen Street  
CHICAGO, ILLINOIS

**W**E, the makers of Antiphlogistine, stand to lose should we make any claim which is not strictly in accordance with the facts. You, the dentists, are both judge and jury, and we can't get away from the verdict.

When we state, therefore, that Antiphlogistine may be safely used on the outside of the cheek in a case of alveolar inflammation, without fear of causing an abscess which will break on the outside, you can depend upon it that our statement is backed up by clinical experience.

This being the case, can any dentist afford not to give it a fair trial?

**THE DENVER CHEMICAL MFG. CO.**  
**NEW YORK**

307

## **Unique** ENGINE BELTS

TRADE MARK

Reg. U. S. Pat. Off.

**Strong—Durable—Non-Stretchable**

**MADE FOR ALL DENTAL ENGINES**

**BUY THEM FROM YOUR DEALER**

**MANUFACTURED BY**

**DENTAL PROTECTIVE SUPPLY CO., 2231 Prairie Ave., CHICAGO, ILL.**

## **PATENTS**

**Caveats, Trade-Marks, Design-Patents, Copyrights, etc.**

*Correspondence Solicited*

**John A. Saul,**

**Fendall Building. - Washington, D. C.**

## **PYORRHEA**

Owing to the value of Sal Hepatica in the treatment of diseases of the uric acid diathesis it has been found specially beneficial in pyorrhea alveolaris, a malady in which rheumatism and gout are potent causes. It contains the salts similar to the celebrated Bitter Waters of Europe, fortified by addition of Lithia and Sodium Phosphate. It stimulates liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism.

Write for free samples.

**BRISTOL-MYERS CO.**  
**BROOKLYN-NEW YORK**



# Operating Room Furniture



OUR line of Operating and Mechanical Cabinets is very extensive, made of well seasoned quartered-oak or mahogany in any shade of finish desired, and either dull or polished.

**Prices range from \$45 to \$240**

The No. 58 Cabinet with sterilizer top, shown in cut, is one of the most popular medium-priced Cabinets. Its sterilizer, large working surface, aseptic instrument trays, and roll front making it dust proof are important features.

Our new catalog is yours for the asking, and it fully describes not only Cabinets, but a full line of Bracket Tables and Sterilizers.

# Laboratory Furniture



THE No. 10 Bench illustrated is the first combination Bench ever placed on the market. Almost instantly it became a popular model, and it has continued to be the most popular Bench to this day. Our catalog gives you a complete description of this Bench and others.

Besides Combination Benches, we have special Benches for gold work, for vulcanite work and for plaster work.

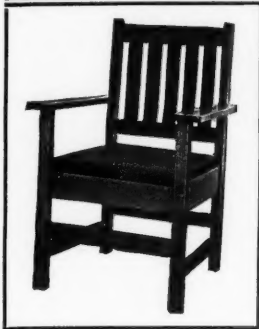
The working surface is covered with resisto, which is an ideal bench top, and is acid proof, water proof and fire proof.

**THE AMERICAN CABINET CO.**

To Insure Prompt Attention  
Address: SALES DEPT.

**Two Rivers, Wis.**

# Reception Room Furniture



**M**ISSION FURNITURE for the reception room not only looks well, but it will give you the best service of any furniture you can buy. The upholstering determines to a large extent the value of such goods. Ours are fitted with genuine Spanish Morocco loose cushions, 3½ ins. thick and filled with a high grade of felt.

It is so designed that it looks equally as well in any of the standard finishes, which are Weathered, Fumed, Antwerp and Golden. Sold in sets of five pieces or singly if desired.

Ask your dealer for a circular of these goods and a new desk designed especially for the Dentist.

## Terms

**O**UR Operating Room, Reception Room and Laboratory Furniture can be combined with chair, engine, cuspidor, switchboard, and in short a complete outfit, when bought from any of our dealers, all on one contract on easy monthly payments.

A first-class outfit not only enables you to do better work, but gives you the appearance of prosperity. A dentist must rely on indirect advertising, and the best form of indirect advertising is the appearance of success. Under these conditions you might as well have a first-class office and allow it to assist you in making the money with which to pay for it.

*Better write us for our new Catalog*

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**THE AMERICAN CABINET CO.**

To Insure Prompt Attention  
Address: SALES DEPT.

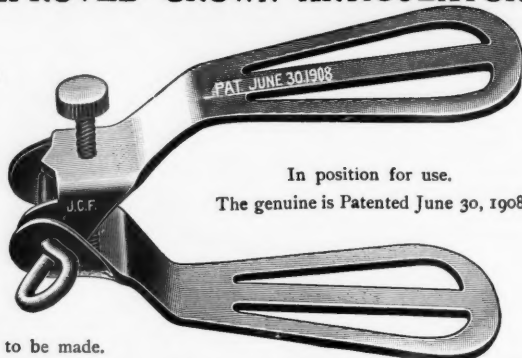
Two Rivers, Wis.

## FISHER'S LATEST IMPROVED CROWN ARTICULATOR

Made of best metal suitable and will not rust. High Nickel Finish.

It is the hinge and shape that make it the best crown articulator.

**Price, \$3.00 a Dozen**



In position for use.  
The genuine is Patented June 30, 1908

\* In horizontal position for changes to be made.



This Crown Articulator will hold plaster more firmly and will lay flat to make changes more easily, and will not fall over and break plaster.

Mailed anywhere on receipt of **25c**. If your dealer will not supply you, write to us.

**JOHN C. FISHER DENTAL SPECIALTY MANUFACTURING CO.**

WHOLESALE MANUFACTURERS OF

*SPECIALTIES FOR DENTISTS, JEWELERS, Etc.*

**Crown and Bridge Work Systems**

**Die Plates, Steel Dies**

**PHONE, 5216 LENOX**

*Established  
1898*

**432 EAST 75th STREET, NEW YORK**

## AMERICAN PLATINUM WORKS

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## PLATINUM

...Foil and Sheet, Specially Soft...

**WIRE,** SQUARE, TRIANGULAR, HALF ROUND AND ROUND,  
SPECIALLY HARD, MEDIUM AND SOFT.

**Extra Pure Platinum Wire for Electrical Furnaces**

**Platinum Ware of any Description**

**We Exchange, Buy and Refine Platinum and Platinum Gold  
Scraps, also Dentists' Sweeps**

## "OBTUNDENTINE"

WILL

### Obtund Dentin

"Obtundentine" is a staple compound (does not contain cocaine) used for obtunding and disinfecting carious cavities of the teeth, previous to excavating them for the necessary cavity preparation for fillings or inlays, making this important operation one of comfort and relief to the patient.

"Obtundentine" is the remedy "*par excellence*" for children and nervous women, offering an efficient and gentle method for painless services without having recourse to hypodermics, ether sprays or other fear-inspiring instruments or methods.

"Obtundentine" is *guaranteed* to give satisfaction, and is sold on its *merits*, and when you have become familiar with its use you will be more than pleased, because your patients will be likewise.

APPLIED DIRECT TO CAVITIES

☞ Money cheerfully refunded if not satisfied.

In tablet form, enough for 200 cavities,

**\$1.50 a package**

**IDEAL DENTAL MANUFACTURING COMPANY**

Post Office Box 300, LOS ANGELES, CAL.

## This Should Appeal to All Dentists THE MILLER LATHE CHUCK



**N**O DENTAL LABORATORY is complete without one or more of these Lathe Chucks. Especially desirable for holding cork, which is held absolutely secure and readily turned with a coarse file to any desired shape for the polishing of rubber and other artificial dentures; also gold crown and bridge work. It is generally conceded that no other material is quite as good as cork for this purpose; the difficulty heretofore experienced has been the want of a reliable method of securing the cork, and because of this, many have relied almost exclusively on felt cones, rubber wheels and brushes. Cork is pre-eminently better for the purpose, is always accessible, decidedly cheaper and more efficient. These lathe chucks are sold with a guarantee, and should any defect be found, upon return will be replaced with a new one. Lathe Chucks will be furnished for any make of lathe, either electric or foot power, upon notification as to what is desired; or if an old discarded chuck is forwarded, a duplicate with this new attachment will be furnished.

Lathe Chucks, \$1.00 each.

### CORK MANDREL



Dental Engine Mandrels } 25c each, \$1.25 per half dozen.  
Right Angle " }

MAIL ORDERS PROMPTLY FILLED

Dr. Wm. B. Miller, Miller Bldg., Altoona, Pa.

Order Direct or through your Dealer.

## To Remove a Pin from a Root

Without the Use of the Drill

Without Injury to the Root

Without Pain to the Patient, use a

## Little Giant Post Puller

Patent applied for



Price, **\$3.00**



The slotted post, which bears on end of root, is so braced that it cannot spread (see bridge A in cut); therefore, there is no danger of splitting a root. The Little Giant Post Puller is made of the best tool steel properly tempered. Every instrument is thoroughly tested and guaranteed. Full directions with each instrument.

For sale at all dental depots or by

**F. H. SKINNER, 72 E. Madison Street, CHICAGO, ILL.**





## DO YOU KNOW WHAT THE FELLOWSHIP GUARANTEE MEANS ?

- ¶ It means that every ounce of FELLOWSHIP ALLOY sold by us to your dealer is guaranteed by us to him and by him to you.
- ¶ It means that if after trying it you are not satisfied that it is a better alloy than you have ever used, you can return it to him and he will cheerfully refund to you the purchase price.
- ¶ If you are using FELLOWSHIP this guarantee means nothing to you, as you know its worth, but if you are not using it order a package from your dealer to-day and find out to your entire satisfaction that FELLOWSHIP ALLOY has perfect edge strength, no contraction and 1-20000th of an inch expansion, making an alloy which, if properly manipulated, will make a filling that can not be improved upon.

*LEARN TO SAY, FELLOWSHIP*

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MANUFACTURED BY

**THE DENTAL PROTECTIVE SUPPLY CO.**

**2231 Prairie Avenue, Chicago, Ill.**

*ALL DEALERS*

# BE A DENTONE DENTIST

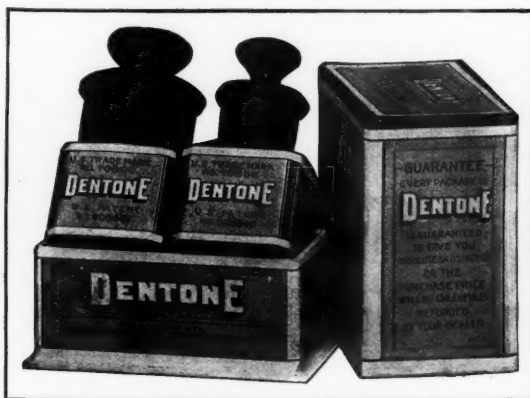
**Which means that hereafter you will use  
ONLY DENTONE for the treatment of all blind  
and fistulous abscesses and as a permanent  
root canal filling.**

## Dentists from Everywhere

are writing us about their success in the use of DENTONE. We sent them samples of DENTONE first—and then they supplied themselves through their regular dealers. We'll send you a working sample of DENTONE on request. And later, in buying DENTONE, accept our assurance that DENTONE is the only Oxygen Abscess Treatment ever offered. Our dealers are instructed to refund money on request if DENTONE does not meet the entire approval of the Dentist using it.

*HERE IS THE PACKAGE*

==  
PRICE  
\$1.50  
==



==  
PRICE  
\$1.50  
==

If you have not used a working sample, allow us to mail you one at once—it will go to you as soon as we receive your letter.

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**Dental Protective Supply Company**

**2231 PRAIRIE AVENUE**

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**CHICAGO, U.S.A.**

# Phenakit

## A SILICATE CEMENT

### *That does NOT injure the Pulp*

It is the liquid of the ordinary Silicate Cements that injures and devitalizes pulps.

**Phenakit** liquid is so **bland** that it will not affect the most sensitive pulp even in deep cavities.

Only a small amount of the syrupy liquid is used—the powder being worked into it until a dry crumbly mass is produced.

**Phenakit**, being **adhesive**, packs readily into cavities and takes a beautiful polish.

For mixing use a strong Bone Spatula. For packing use clean, polished, smooth **Metal Burnishers**.

#### COLORS

There are six primary colors from which all other shades may be blended

C (Gray)

D (Light Pearl Gray)

K (Yellowish White)

L (Light Yellow)

N (Yellow)

Q (Brownish Gray)

#### PRICES

**PHENAKIT**, small package, one color - \$2.50

**PHENAKIT**, large package, one color - - 4.00

**PHENAKIT**, one package, all six colors, 13.50

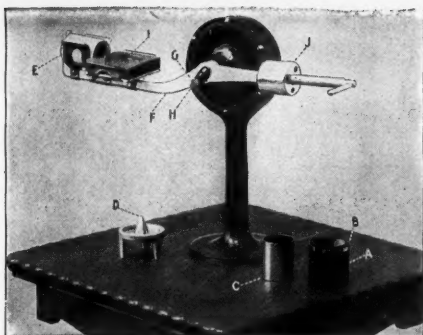
#### WE DO NOT FURNISH SAMPLES

For full particulars and literature send to

**Gustav Scharmann**, SOLE AUTHORIZED IMPORTER  
1183 Broadway, New York City

**PHENAKIT** is manufactured by Gebr. DDr Asch Chemical  
Laboratory, Berlin, Germany

To be had at THE DENTISTS' SUPPLY COMPANY, New York City, and all its branches, as well as other dental dealers, or direct from the importer



## The Miller Centrifugal Method

of inlay casting has unequalled merits. The gold is fused on a thin piece of asbestos paper, moistened and formed over the crucible at *I* and shaped to lead into the flask; therefore nothing more expensive than a gas or gasoline blowpipe required to furnish heat. *Pat. pending.* Write for literature fully describing method.

**PRICE \$15.00**

(A) Split rubber flask; (B) Open ring; (C) Metal flask; (D) Sprue former; (E) Flask retainer; (F) Arm; (G) Beveled pin, engaging flat steel lever at H; (I) Carbon crucible; (J) Counterweight. Cut 1-6 size.

**A. F. MILLER & SON, Sandusky, O.**



At Drug Stores generally

## ZHONGIVA

### FOR THE MOUTH AND GUMS

The Profession is earnestly urged to test the prompt and positive remedial action of **Zhongiva** in any inflamed condition of the mouth. Twenty years' use and endorsement by men eminent in the profession warrants a place apart for this remedy. **Zhongiva** is a remedy of positive therapeutic merit, the result of years of research and successful clinical experience by Dr. D. D. Smith in his treatment of Alveolar Pyorrhea, and other mouth disorders.

Send for sample and literature; a trial is positively convincing.

**JAMES J. OTTINGER, Manufacturer**

**20th and Spruce Streets**

**PHILADELPHIA, PA.**

*Please mention this Journal when writing*

## INDIANA DENTAL COLLEGE

An institution that has been teaching the science and art of dentistry successfully for over thirty years.

### OFFERS A THREE-YEAR COURSE

Unexcelled by any dental teaching institution in the world

### LEADING TO THE DEGREE OF D.D.S.

For catalogue and booklet address the College at

**INDIANAPOLIS**

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## Northwestern University Dental School

This school offers exceptional advantages to young men and women of education for the study of dentistry. While great attention is paid to the teaching of technic and theory, practical instruction to develop operative skill and dexterity, and quick diagnostic judgment, is not overlooked.

### THE FACULTY IS COMPOSED OF A LARGE STAFF OF EXPERIENCED TEACHERS

The equipment and apparatus of the school are especially designed for the successful teaching of modern dentistry. Its large clinic rooms for operative and prosthetic dentistry are unequalled anywhere. The opportunities offered students for special preparation to enter independent practice are not exceeded by any other school.

Advanced students are permitted to remain in school under clinical instruction during the months intervening between the regular annual courses, the great clinics being open continuously the year around.

The school year covers thirty-two weeks with six days of actual teaching in each.

The next annual session begins October 4, 1910. For further information address

**Secretary of the Dental School**

**Department A, Northwestern University Building, 87 Lake Street, Chicago**

# THE PERFECT DENTIFRICE

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## What Should the Perfect Dentifrice Accomplish?

It should thoroughly cleanse the teeth without erosion.

It should destroy the acid-forming microbes, and not simply temporarily neutralize the acid itself.

It should destroy the microbes which assist in the formation of tartar, thereby hindering its accumulation.

It should disinfect the whole mouth, so that Colds, Influenza, Tonsillitis, Bronchitis, Diphtheria and Pneumonia no longer constitute an imminent danger upon trivial exposure.

All this should be done without injury to the hard or soft tissues.

**KOLYNOS** has been proved to accomplish this.

SEND FOR FREE TUBE AND CONVINCING SCIENTIFIC PROOF

## THE KOLYNOS COMPANY

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10 RUE DE LA CHAUSSEE D'ANTIN, PARIS, FRANCE

5 RAECKNITZ STRASSE, DRESDEN, GERMANY

# It Is Not Necessary To Apply the Dam

For the proper introduction of plastic fillings and other comparatively short operations. Absolute dryness can be preserved with **COTTON DENTAL ROLLS** (*Johnson & Johnson's*) and the work just as thoroughly done, with a saving of time, expense and much tedious labor to the operator and less discomfort to the patient. This plain truth is proven daily by thousands of skillful and conscientious dentists and can be verified by trial.

If you are not familiar with them and do not understand their use write for samples free of charge and the leaflet telling how to use them, which also contains suggestions for their application from a number of prominent dentists.

Sold by leading Dealers in Dental Supplies  
in every country in the world.

Specify Johnson & Johnson's

**JOHNSON & JOHNSON**

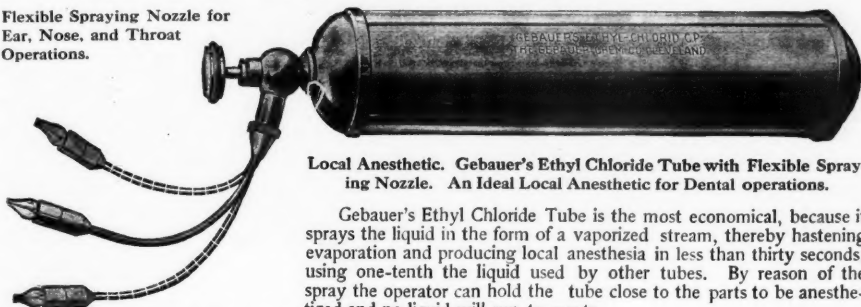
New Brunswick, N. J., U. S. A.

## LOCAL ANESTHETIC

### *A New Method of Applying Ethyl Chloride in Dentistry*

No hypodermic needle. No systemic effect. The most economical anesthetic on the market.

Flexible Spraying Nozzle for  
Ear, Nose, and Throat  
Operations.



**Local Anesthetic. Gebauer's Ethyl Chloride Tube with Flexible Spraying Nozzle. An Ideal Local Anesthetic for Dental operations.**

Gebauer's Ethyl Chloride Tube is the most economical, because it sprays the liquid in the form of a vaporized stream, thereby hastening evaporation and producing local anesthesia in less than thirty seconds, using one-tenth the liquid used by other tubes. By reason of the spray the operator can hold the tube close to the parts to be anesthetized and no liquid will run to waste.

The Gebauer tube is the only tube which has a flexible spraying nozzle. This nozzle is made of soft German Silver tubing and can easily be bent to assume any angle, thereby making any tooth in the mouth accessible to the ethyl chloride spray. The flexible spraying nozzle is detachable and will fit all Gebauer ethyl chloride tubes. It can be used indefinitely, and it will therefore be necessary to buy this flexible nozzle only once, as it will fit any subsequent tube purchased.

It is especially recommended for the extraction of teeth, extirpation of dental pulps, obtunding sensitive dentine, or anywhere a local anesthetic is desired.

Sent anywhere prepaid, safe delivery guaranteed, upon receipt of price.

40 grm. tube, \$1.00

100 c.c. tube, \$1.60

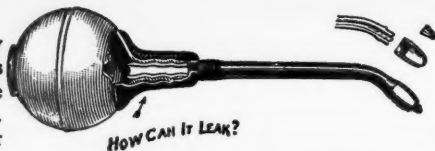
Flexible spraying nozzle, 50 cents extra

**THE GEBAUER CHEMICAL CO., Sole Manufacturers, 6952 Broadway, Cleveland, O.**



### Dropper

This is for any preparation, as for example Phos. Acid. The liquid never touches the glass, and does away with use of a cork. Try one, and then fit up the cabinet. Price, bottle and all, 40 cents.



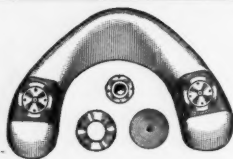
### Quick-Filling Syringe

Fills right up. Made of hard rubber, with a silver tip. Fills in five seconds. Price \$1.50.

ALL  
DEPOTS

F. B. SPOONER, 1561 Broadway, Brooklyn, N. Y.

Send Postage Stamps



LOWER CAST

## STOP

that disagreeable "bone or dish rattle" by using the "EUREKA."



MEDIUM SIZE

The cups are removable—an exclusive feature of the "EUREKA," which makes it superior to all others.

PRICE \$2.00 PER BOX—THREE SETS

EUREKA SUCTION CO., Loudonville, Ohio



## Don't YOU Do It

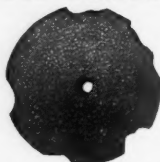
The nearest approach to painless dentistry is **SHARP BURS** and **SHARP, TRUE-RUNNING CARBO-WHEELS.**

Don't use dull, untrue or dirty, filthy Carborundum Wheels on your patients.

Never use a carborundum wheel the second time until it is redressed and new cutting surface made by the liberal use of our "Carbo-Dresser."

It will make new stones out of old ones. It will make the life of one stone equal six or more. This saving will soon pay for the instrument.

**KNIFE EDGE CARBORUNDUM DISCS OR WHEELS**



Before Using



After Using.

### BUTCHER'S CARBORUNDUM WHEEL TRUER AND DRESSER

Sharp, true-running carborundum wheels save time, do better work, and will increase your popularity by making operations less painful to your patients.

**MOUNTED CARBO-POINTS** can be made any shape desired; old ones made into new ones. The man who makes inlays will appreciate this.

Can you afford to take the chance of using old stones, and dirty ones, too, when we offer you an instrument that will keep them clean, sharp and true, and save you time and money?

It is up to us to "make good," but it is up to you to put our claim to test. Under this positive guarantee you incur no risk.

Remember the Dresser can be used until steel tubing is worn down to the handle. ☞ Send for descriptive circular.

For sale by all depots or will be sent direct upon receipt of price.

Price Complete \$3.50. Extra Mandrels 15c Each.

MANUFACTURED BY

H. GUY BUTCHER COMPANY, - - URBANA, OHIO





## Another Marvelous Scientific Achievement

One of the latest discoveries, and rapidly being pronounced as the greatest aid to the dentist is **MILLER'S COCAINELESS ANAESTHETIC**

### OUR GUARANTEE

We assume all responsibility. If not thoroughly satisfactory, money refunded. Contains no cocaine or cocaine derivatives. Absolutely safe. Works effectively and quickly. Never causes evil "after effects."

### MILLER'S COCAINELESS LOCAL ANAESTHETIC

Is put up in hypodermic tablet form, 35 to a tube—thus making each application a perfectly fresh solution.

### SPECIAL OFFER

For 25 cents in stamps or money, we will send you *just once*, a full Dollar Tube containing 35 tablets of Miller's Cocaineless Local Anaesthetic. Accept offer now—to-day—before you forget it.

#### DO IT NOW

Supplied by nearly all dealers. Price is \$1.00 a tube; 6 tubes, \$5.00.

*Write us for full detailed information.*

**MILLER & KRAMER CHEMICAL CO. - 16 SOUTH MAIN STREET  
ADRIAN MICH., U. S. A.**

## PLATINUM AND IRIDIUM WIRE FOR POSTS

In all Richmond crown work, and for similar purposes, the crown posts should be made of platinum and iridium wire. Such posts are sufficiently stiff to withstand the force of occlusion, so that crowns made with them cannot be forced off the roots. Platinum and iridium wire is so high fusing that it is not affected by any heat required to complete the crown or bridge. It is not affected by the fluids of the mouth.

Our platinum and iridium wire is furnished square, round or triangular, in all sizes. It will be found evenly alloyed and of most satisfactory character.

## SOFT PLATINUM FOIL FOR INLAYS

This foil consists of pure platinum annealed in such manner as to render it free from temper and very easy working. It is not excelled for matrix forming. It may be had in all gauges.

**We buy, exchange and refine anything containing platinum, gold, or silver at reasonable prices.**

**The Roessler & Hasslacher Chemical Co.,**

100 William St.,

New York

# WANTS, FOR SALE AND CLASSIFIED

Address all advertisements to THE DENTAL DIGEST.

## WANTS, TO RENT

*Confined to dental notices. Thirty words, \$1.00. All over, 5 cents per word, letter or initial. Money with order.*

**WANTED**—Dental practices. My method is time-ried and brings quick sales, without publicity. My entire time devoted to it exclusively. Write for information. Unlocated Dentists write for bargain Sale Lists. Mention states desired. The Dentists' Middleman, C. M. Cryor, D.D.S., Box C, Franklin Grove, Ill.

**WANTED**—A first class young dentist able to furnish and equip new office; best location, success from start. Address "Office," care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**WANTED**—Position. Dentist of experience desires position. Good appearance and habits. Not particular as to location. Address Ok., care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**WANTED**—Dentist wants to travel, representing substantial house, exploiting, demonstrating, or clinician for meritorious product. 31 years old, good appearance and address, business ability and experience. Registered in Pennsylvania and Washington. Address Washington, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**TO RENT**—Will rent office or buy up-to-date equipment in good location. Address Dentist, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**TO LET**—Finest dental office in center of shopping district in New York City. Completely partitioned and ready for use. Compressed air, gas and electricity. Address Nesdan, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

## FOR SALE

*Confined to dental notices. Thirty words, \$1.00. All over 5 cents per word, letter or initial. Money with order.*

**FOR SALE**—You should send for our bargain list of slightly used electric engines, Columbia Chairs and American Cabinets. Ralph S. Bradner Company, 100 Boylston Street, Boston, Mass.

**FOR SALE**—A Complete Dental Office Equipment. Two Harvard Chairs, Ritter Electric Engine and Lathe, Harvard Cabinet, Weber Cuspidors, Electric Brackets, Operating and Laboratory Instruments, Safe, and Reception Room Furniture. Can be bought cheap. Address R., care of The Dentists' Supply Company, Room 210 Scheuer Bldg., Newark, N. J.

**FOR SALE**—In Northern Indiana town of 1600, County Seat, a well appointed dental office, in good farming country. An old man in competition. Price \$350.00 cash; \$400.00 time. Reasons for selling, taking charge of city office. Address Box 125, Goodland, Indiana.

**FOR SALE**—Complete outfit at invoice. Electric engine and lathe, Columbia chair, cabinet, fountain cuspidor, casting outfit, Dunn light, sterilizer, etc., all practically new. Manufacturing town of 15,000 in Northern Indiana. A cash business. Address "B," care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—\$2,500. Dental practice in town of 500 inhabitants, with large territory, located in North Central Kansas, on the main line of the C. R. I. & P. Railroad. No competition. Fine opening for a young man. Will sell entire office for \$500. Address, D. D., care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—Dental practice established 15 years in best location in city of 30,000 in Indiana. Large transient, also heavy county practice which will stay with the office. Collections \$300.00 per month. About as near a "Sure Thing" as you could buy. \$500.00. Address C. M. Coxey, Centr. Trust Co., Cincinnati, Ohio.

**FOR SALE**—Cheap. Practice and comparatively new fixtures. Established ten years. Going to specialize. Address Box 1307, La Junta, Colo.

**FOR SALE**—Practice and part of office equipment in a rapidly growing town of 2,000 people, situated in south-east Arkansas. Practice increasing daily—now averages \$250.00 per month. Fine surrounding country. Only dentist in town. Fine chance for young man. Best reasons for selling—but if sold must sell at once, or will stay. Address, Arkansas, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—\$3,500 practice in Denver, Col. \$1,000 office equipment. Good fees and fine class of patients. Good man can soon reach \$5,000. Best reasons for selling. This is A 1. Address Denver, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—A Dental Office established for more than twenty years in heart of New York City, doing a business of ten thousand dollars annually, for sale at low figure to cash buyer. Will stand investigation. Only reason for selling, ill health. Address "S," care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—\$3000 practice in a rapidly developing section of New York City. Invoice \$1,300.00. Rent, \$20.00 per month. Price, \$2,000.00. Address Dentoral, care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—Modern Dental Equipment and practice in Eastern Nebraska city of 45,000. Reason, other business. Everything first class. \$750. Must be a good dentist. Address "Odont," in care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

**FOR SALE**—Semi-Advertising practice and complete modern outfit in best town in Iowa. 30,000 people. Doing a good business. Will sell right and on terms. A snap for some one if taken by first of year. For particulars, address "Iowa," care of THE DENTAL DIGEST, 47 West 42nd Street, New York City.

## CLASSIFIED

*Other than dental notices. Rate per inch, vertical measure, \$5.00. Minimum charge, \$5.00.*

## NO BAD DEBTS WHEN YOU USE THE National Collection Service

The most complete follow-up system for bringing cash yet devised. A dozen sets (36 letters) and instructions—enough to collect a \$100.00 worth of slow accounts—for a two-dollar bill, and they're worth it.

The National Collection Service Philadelphia, Pa.  
P. O. Box, 5409

## FAMILY PRACTICE FOR SALE

A well-established, good paying family practice in a rapidly growing suburb of New York City, is offered for sale to a young gentile of good character, address and ability. Good reasons for selling. Purchaser will be introduced in a satisfactory manner. Address R. P., care The Dental Digest, 47 West 42nd Street, New York City.

## Look At It This Way

### *The Profession is Advancing— Are You?*

Combine your professional with your mechanical knowledge and use a metallic lining on your vulcanite dentures; avoid heated and spongy gums and general unsanitary conditions of the oral tissues by using

### **The Roscinian Linings**

The Roscinian 24 K. all gold Lining, \$3.50 per pkg.  
(1 upper denture.)

The Roscinian Felt Aluminum Lining, \$2.00 per box  
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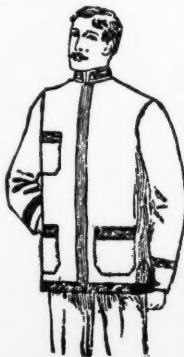
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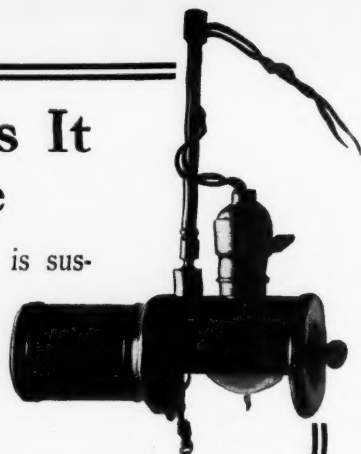
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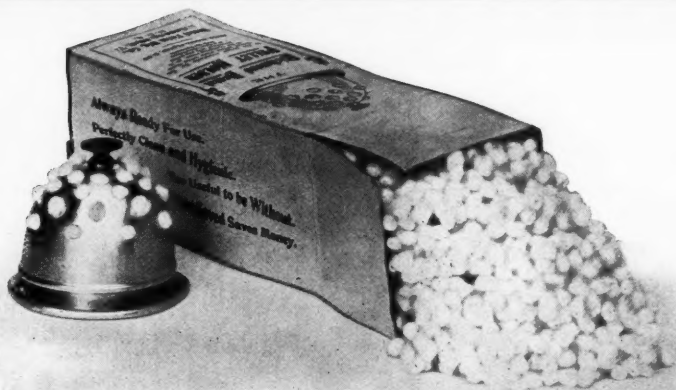


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# The Dental Digest For January 1911

**WILL BE AN ORAL HYGIENE NUMBER**

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**THE BIGGEST THING IN ORAL HYGIENE** Being the story of an achievement which few dentists know about, but which will, when completed and offered to the profession and the public, write one of the most interesting chapters on this subject. This partial presentation will be of great interest.

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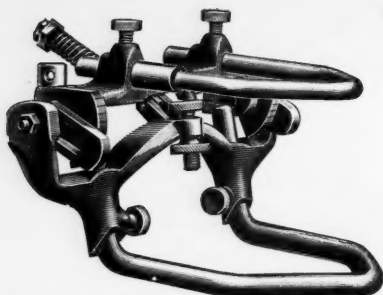
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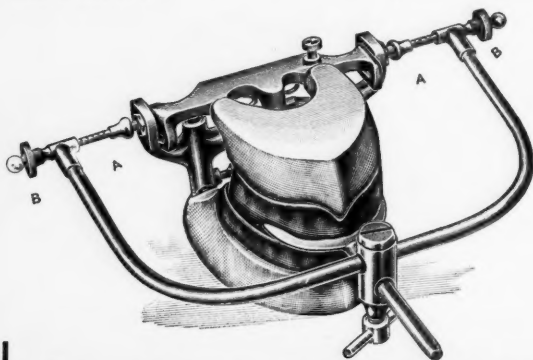
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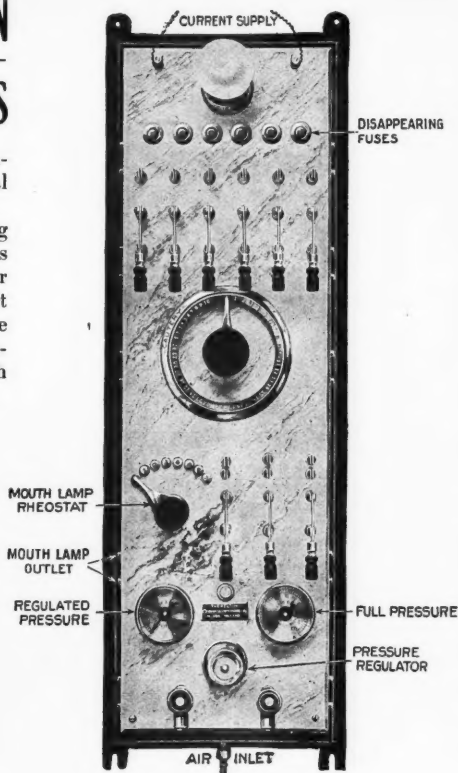
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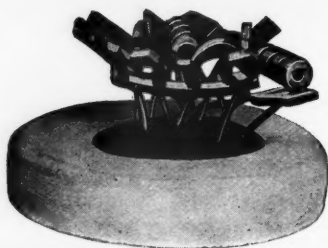
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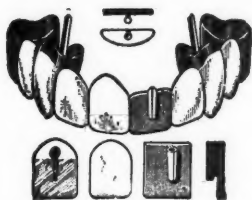
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Chloro-Mentholin is *not a secret preparation*. Full directions and *formula* on every *label*.

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**CHLORO-MENTHOLIN R 801, PRICE \$1.50**

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MANUFACTURED ONLY BY

**Western New York Chemical Company**

MANUFACTURERS OF "HIGH-GRADE" DENTAL MEDICINES

**Buffalo, N. Y., U. S. A.**

*Write for price list and literature on dental preparations*

FOR SALE BY

**THE DENTISTS' SUPPLY COMPANY**

**BROOKLYN, N. Y.**

**NEW YORK CITY, N. Y.**

**NEWARK, N. J.**

THE J.M. NEY COMPANY, makers of NEY'S DENTAL GOLDS,  
are now issuing, FREE, a veritable

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## BUDGET OF GOLD KNACKS FOR THE GOLD WORKER

---

—a very comprehensive, useful little book of things that you once learned and have forgotten; the little knacks taught only by experience and never included in a text-book; an indexed reminder of "just how you did it before;" *not* a treatise on the easy, obvious things in gold manipulation, but an orderly reminder of the way through the mean little jobs that you run up against.

Here is a word (*verbatim*) to show that the little book is appreciated.

Oct. 13, 1909.

J. M. NEY Co.,  
Hartford, Conn.  
Dear Sirs:—

I received your booklet "Ney's Golds," and I want to tell you that it is an elegant advertisement. I learned from it some points about soldering that I ought to have known; and something about annealing both plate and filling gold.

I had a central porcelain facing to tip yesterday and I tried your "Safe Method" and I find that it is an improvement on the method I *was* using.

So, I was so pleased with the information you so kindly sent me, that I immediately sent in an order for an ounce of solder to Kansas City.

Yours truly,  
W. H. CONNER.

Send for "Ney's Gold Book."

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THE J. M. NEY COMPANY  
HARTFORD, CONN., U. S. A.



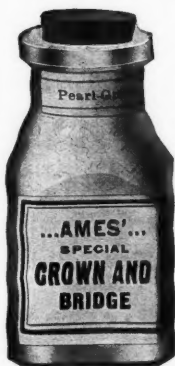
# Where Doctors Agree

is in regard to the unrivaled excellence of Ames' Cements. The Ames policy of perfection in production has been so faithfully adhered to that, in the Dental profession, it may fairly be said that First Quality and Ames' Cements pass as synonymous terms.



Our \$1.50 size.

## AMES' SPECIAL CROWN & BRIDGE AND SPECIAL INLAY CEMENTS



Our \$3 size.

Note our New Style Bottles.

All tests prove the superiority of these Cements in imperviousness, absence of shrinkage and expansion, and resistance to attrition. They are positively hydraulic, setting best subjected to moisture during the setting process.

Do you know of any other cements that are dependable in these qualities?

### Note this Significant Fact:

The precision of our laboratory processes, and the resultant quality of products, lead to our cements being the ones selected by imitators, who audaciously go so far as to use the words "Ames Formula" on their labels. The imperfections of such spurious materials, concocted by persons who cannot originate a formula, impose only on the over-credulous; those seeking mere cheapness are indifferent.

## AMES' New Process Oxyphosphate of Copper

is the only real copper oxide cement made. The most used, the most effective in arresting tooth decay, and in the treatment of sensitive teeth. Nothing like it—least of all the zinc imitations.

The Dentist who has not tried the Ames Cements has a pleasing experience yet before him.

Ask your dealer if that is not so.

The W. V. B. AMES  
COMPANY

DISTRIBUTERS  
151 Wabash Ave.,  
CHICAGO

# A Doctor's Responsibility

In view of the fact that *you* are responsible for the welfare of your patients, is it nothing to you to positively know the quality and quantity of Cocaine employed in the Anaesthetic you use?



And that other important question of deterioration—the cause of toxemia and sloughing—which MYLOCAL overcomes—simply because *you* add the large pure crystals of Cocaine only when ready to begin using from the bottle. Science has proven beyond any doubt that Cocaine decomposes only in aqueous solution, and that *Cocaine in crystals keeps indefinitely*. You are thus assured of freshness and consequent uniformity and efficiency.

Now, Doctor, if you have not commenced to use MYLOCAL, may we ask how long you are going to deprive yourself of *this protection, this satisfaction* which MYLOCAL alone can give? And then, too, there's the price question—you know that the best formula it is possible to produce can be marketed at a fair profit even at the MYLOCAL price. **THINK IT OVER.**

**NOTICE:** We are pleased to inform all dentists and physicians that, owing to a recent modification in the

Postal Law, we are now free to send MYLOCAL through the mail to all regularly licensed practitioners.

## PRICES

4 ozs. \$1.25; 16 ozs. \$4.50; 32 ozs. \$8.50  
MYLOCAL is also supplied in 1 oz. bottles at 50c.

**SPECIAL:** Trial ounce, ONCE ONLY, 25c. We include one of our Superior Hypo. Needles.

MYLOCAL is sold by all dealers or sent direct from our Laboratory upon receipt of price.



## MYLOCAL MFG. CO.

300-302 MAIN STREET, BUFFALO, N. Y.

# You Should Purchase an Electro Dental Engine

¶ Is there any significance in the fact that there were 50 per cent. more Electro Dental Bracket Engines sold last year than in any previous year, with less advertising effort than employed by any other engine manufacturer?

¶ Does it mean anything to you that our manufacturing capacity has been doubled three times in five years and that a large force is now working several nights a week to fill orders promptly?

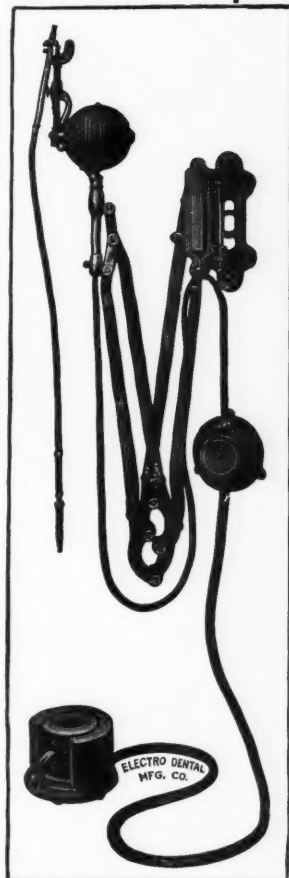
¶ It indicates a recognition of quality.

¶ Thousands of well-known operators, many of them men of national reputation, will willingly testify to their complete satisfaction in the use of our products.

¶ Can you afford to ignore these overwhelming testimonials of universal satisfaction and appreciation of superb workmanship and performance?

¶ Be fair to yourself. Try an Electro Dental Engine before you purchase any engine.

¶ Complete catalog describing Engines, Laboratory Lathes, Switchboards and Air Compressors, Heating Instruments, Hot Air Syringe, Operating Light, etc., etc., on request.



| PRICE—110 Volt Current                            |           | Direct   | Alternating |
|---|-----------|----------|-------------|
| Without Arm                                       | - - - - - | \$105.00 | \$115.00    |
| With Handpiece and S. S. W. Cable Arm             | - - - - - | 123.25   | 133.25      |
| With Complete Cord Arm and Doriot Handpiece       | - - - - - | 135.00   | 145.00      |
| Also wound for batteries, or any lighting current |           |          |             |

**ELECTRO DENTAL MFG. CO.**

1228 CHERRY STREET . . . . . PHILADELPHIA, PA.

# Re the Improvement in Somnoform

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- ¶ The recent improvement in the formula of SOMNOFORM has so worried some of the imitators of this valuable product that they have endeavored to discredit both SOMNOFORM and the scientist who invented it, Dr. Rolland. The complete facts concerning the improvement are as follows :
- ¶ Ever since the introduction of SOMNOFORM, Dr. Rolland has continued his researches with the sole idea of making SOMNOFORM a better and more agreeable anesthetic. The various changes by which this end was sought were made with great care, and each modified formula was carefully and elaborately tested in hospital practice.
- ¶ An effort was made to entirely eliminate Ethyl Bromide, but the sedative and analgesic effects of a small percentage were too valuable to be lost. The manufacturers of SOMNOFORM, who are located in France, and who were not keenly alive to the requirements of the new U. S. Drug Act, made some shipments of a modified formula without changing the old labels. This omission, while recognized by the Department of Agriculture as being unintentional, was, nevertheless, a technical violation of the Act, and a small fine was imposed.
- ¶ When it had been clearly demonstrated that the sedative and analgesic effects of Ethyl Bromide were too valuable to be omitted, the present formula of Ethyl Chloride 83%, Methyl Chloride 16%, and Ethyl Bromide 1% was determined on and given wide publicity. The new formula *has already established itself as better than the old.*
- ¶ SOMNOFORM has been greatly improved. The average dentist has better results with it than in the past, and much better than with any other general anesthetic. SOMNOFORM with 1% Ethyl Bromide seems to be the most nearly perfect general anesthetic possible at the present time. It is much better than Ethyl Chloride alone, from which numerous authentic fatalities have been reported.
- ¶ SOMNOFORM occupies a stronger position than ever before. It has a recognized standing, and is being used in many Colleges and Hospitals, as well as by thousands of men of reputation in both the dental and medical professions. It is the best General Anesthetic for dental purposes. We will furnish upon request the latest reports as to its use and success.

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E. de TREY & SONS

28 South 40th Street

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PHILADELPHIA, PA.

# SUBSTITUTION—

## Your Danger

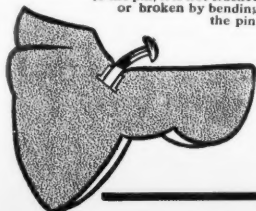
If substitution of other teeth when **TWENTIETH CENTURY TEETH** are ordered wronged only us, it wouldn't be worthy of your serious consideration. But we do not receive its worst effects. We may here and there lose a customer for Twentieth Century Teeth because he received some other make of teeth when he ordered ours. But the dentist who receives those teeth is severely wronged. He gets inferior teeth. They make an inferior looking denture. They give inferior service; they fail in service where the teeth of our make would have given the maximum service possible. He is often compelled to make over a denture, when, with Twentieth Century Teeth, he would have been spared both the humiliation and the labor. Making a denture over, without charge, takes out whatever profit there was in the first transaction.

So it behooves you, even more than it does us, to be sure that you receive Twentieth Century Teeth when you order them. There is one way to be sure. It is to look for the space about each Twentieth Century tooth pin. If you do not find it, do not accept the teeth, no matter what explanations or excuses may be offered with them. Every Twentieth Century Tooth has this space about each pin. No other teeth have it. It is your easily recognized safeguard.

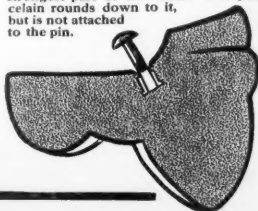
There is every reason why unscrupulous makers of other forms of teeth should practise substitution. The success of Twentieth Century Teeth is unprecedented. With the pass-

ing of the years the extent of their use increases. Last year more were used than ever before. This year promises a larger consumption than last year.

As the porcelain is not directly attached to the pin, it is not cracked or broken by bending the pin.



The anchorage is embedded in the strongest part of the tooth. The porcelain rounds down to it, but is not attached to the pin.



*Continued on next page*



This set of teeth of a discredited make, mounted on Twentieth Century wax, was offered by a dealer as Twentieth Century Teeth. Of course the dentist would be deceived. These teeth would speedily fail in practice, and the dentist would blame Twentieth Century Teeth. It would then be easy for that dealer to sell that dentist his favorite make of teeth. Quite a good deal of this sort of thing has been done. This shows to what straits the success of Twentieth Century Teeth has driven other makers.

Their use increases faster than the general demand for teeth is thought to increase. They actually take business from other forms of teeth. Every day dentists who have been "brought up on platinum," who were taught to think that it is the only proper material for tooth pins, find Twentieth Century Teeth giving better service. They become converts to them and continue to use them.

### THE SALE OF INFERIOR MAKES OF TEETH BECOMING MORE DIFFICULT.

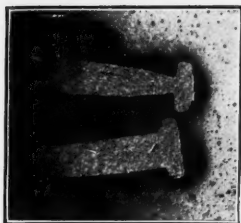
In proportion as dentists become more intelligent concerning teeth, the sale of inferior makes becomes more difficult. There was a time when "all teeth looked alike" to the average dentist. So long as they had reasonably good porcelain and two pins, he considered one kind as good as another.

But now-a-days we are learning differently. We know that there are as great differences in teeth as in any other two things that appear alike at first glance. We know the "why" of the numerous failures of platinum pins. We know the weaknesses of platinum as never before. We know the worthlessness of **baked-in** composition-pins. We know why they cannot give permanent service. And with this increase of knowledge, dentists are placing orders with greater discrimination.

These things make it hard for the maker of inferior teeth, so hard that some have ceased to manufacture. Some are resorting to unfair means of marketing their product. And so long as they can succeed in such practices they will remain in business.

Their first claim was that the teeth they offered were made by The Twentieth Century People "on the quiet," so to speak; they were put out apparently as a competition product. Nothing was generally known about them, but this salesman had secured some, etc., etc. They sometimes

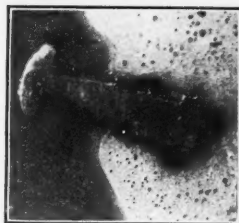




Section of tooth with BAKED-IN composition pins. The black areas show where the oxides from the burnt pins have generated gas and actually pushed the porcelain back. No wonder such teeth fail. (Honed by hand; magnified 10 diameters.)



Section of molar with BAKED-IN composition pins. Pin removed to show burnt pin material left in pin socket. Some of this has entered the porcelain and discolored it about socket. Pins treated in this manner are practically worthless.



Section of another widely advertised make of BAKED-IN composition pin tooth. Condition about pin about as in section above. (Honed by hand; magnified 10 diameters.)

Most baked-in composition pin teeth look as above.

varied this claim to whatever their ingenuity suggested and they thought would be accepted.

To checkmate this movement of the "Substituters" we marked the back of the wax on which each set of Twentieth Century Teeth is carded as follows:

|                   |    |                   |
|-------------------|----|-------------------|
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |
| TWENTIETH CENTURY | TC | TWENTIETH CENTURY |

## NOW UNSCRUPULOUS DEALERS ARE BUYING TWENTIETH CENTURY WAX AND MOUNTING THEIR TEETH ON IT.

Every once in a while we receive a set of teeth from some indignant dentist who upbraids us for their failure under conditions where success should have resulted. When we return the teeth with the explanation that they are not Twentieth Century Teeth, as he can readily see by examining them for the spaces about the pins, he says: "I bought them on Twentieth Century Wax. They were sold to me for Twentieth Century Teeth."

Innocent substitution sometimes occurs. A dentist buys some Twentieth Century Teeth and uses them. The wax is left. At some later date he cards up some other teeth in the office, using the Twentieth Century Wax. At some time, when he is sending teeth to his dealer for exchange, he sends in this set mis-carded. And the dealer sends it out to another dentist in that condition. The second dentist gets the ill effects.



## MAKE IT A HABIT TO EXAMINE FOR THE SPACES ABOUT THE PINS.

The bed-rock of service on which Twentieth Century quality rests has these foundations. Get them in mind because they apply to Twentieth Century Teeth only.



Section of Twentieth Century tooth about platinum anchorages, magnified 30 diameters, same as platinum pin teeth, to show perfect condition of porcelain about anchorages after baking. There are no cracks and no oxidation. The porcelain has its full strength.

1. That only platinum should be baked into a tooth. But:
2. That it should not be baked there in the form of a solid pin or post.
3. That corrosion of tooth pins in the mouth probably plays a very small part in causing pin failures, if the pins are put in in good condition.
4. That it is impossible to bake a composition pin into a high fusing porcelain tooth and then put it into the mouth in good condition.
5. That in the present state of metallurgical knowledge there is no metal which can be satisfactorily used for baked-in pins in a high fusing porcelain tooth.
6. That the Twentieth Century Principle of baking in platinum anchorages and soldering pins to them at a heat which does not oxidize the pins, is the scientific method of attaching pins to teeth.
7. That the little space about each pin in a Twentieth Century Tooth contributes greatly to its long life. It allows the tooth to yield a little under severe stress. This slight movement often prevents fracture.
8. That this principle has proven fully as successful in practice as it is plausible in theory, and that Twentieth Century Teeth, which are made in this manner, give better average service than any other form of teeth.

**SUBSTITUTION WRONGS YOU—DO NOT PERMIT IT**

**Look for the Space about the Pin**

# **USONA** Regular **HELIOS** Non-Corrosive

## **REGULATING APPLIANCES**

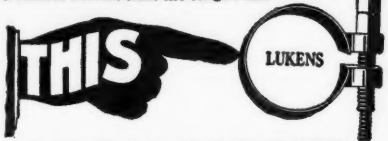
(Trade Marks Registered)

In the correction of Mal-Occlusion better and quicker results are accomplished if the **LITTLE PATIENT** is comfortable and not nervous.

WHY will a dentist use a band with a bolt next the tongue of the **LITTLE PATIENT** like



WHEN for the same money he can buy 100 Per Cent comfort for the **LITTLE PATIENT**, specifying Lukens Usona or Helios Bands, with a smooth surface next the tongue like



Send For The Lukens Book **IT IS FREE**

### **PRICE LIST**

**USONA and HELIOS Brands**  
**C. D. Lukens' Regulating Appliances**  
 Effective January 1, 1910

| Specify           | Usona Brand<br>regular.<br>Order by<br>Single Letter | Helios Brand<br>non-corrosive.<br>Order by<br>Double Letter |
|-------------------|--|---|
| Spur Wire,        | "A" \$0.30   | "AA" \$0.50   |
| Retaining Pipes,  | "B" .50  | "BB" .75  |
| Expansion Arch,   | "C" 1.00   | "CC" 1.50   |
| Jack Screw,       | "D & E" 1.00   | "DD" 1.50   |
| Retracting Screw, | "F & H" 1.00   | "FF" 1.50   |
| Band Metal,       | "I" .30  |   |
| Band Metal,       | "J" .30  | "JJ" .75  |
| Clamp Band,       | Small "K" 1.00                                       | "KK" 1.50   |
| Clamp Band,       | Medium "K" 1.00                                      | "KK" 1.50   |
| Clamp Band,       | Large "K" 1.00                                       | "KK" 1.50   |
| Wrench,           | "L" .15  |   |
| Bicuspid Band,    | "M" 1.00   | "MM" 1.50   |
| No. 1 Set         | 6.25   | 10.00   |
| No. 2 Set         | 3.75   | 5.90  |

### **ALUMINUM BRONZE LIGATURE WIRE**

|                             |      |
|-----------------------------|------|
| Gauge 26, 28, 30, per Spool | .35  |
| 3 Spools any Gauge, per Box | 1.00 |



(Trade Mark Registered)

### **WIRE—PLATE—CROWN PINS**

**MELTING POINT 3000° FAHRENHEIT**

It is Non-Corrosive and does not Oxidize at normal temperatures. 25% Platinum Solder can be used.

### **REMEMBER**

**20 cents PER PENNYWEIGHT  
 CROWN PINS 10 cents EACH**

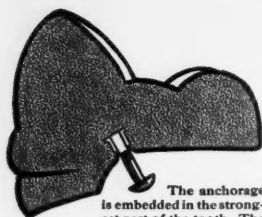
### **CAUTION**

**ACCEPT NO OPENED ENVELOPES**

# **FREE**

A postal to the manufacturer will bring a free sample **CROWN PIN** and valuable information.

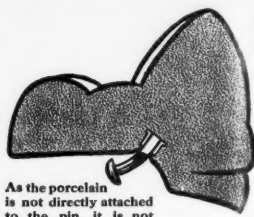
**LEE S. SMITH & SON CO., Sole Agents, Pittsburg, Pa.**  
**THE MEIER DENTAL MANUFACTURING CO., Manufacturers, St. Louis, Mo.**



The anchorage is embedded in the strongest part of the tooth. The porcelain rounds down to it, but is not attached to the pin.

# BEND THE PINS

## In Close Bite Cases



As the porcelain is not directly attached to the pin, it is not cracked or broken by bending the pin.

**T**HE bicuspid and molars in the anatomical moulds of The Dentists' Supply Co. are made half saddleback on the ridge-laps. This is the most shallow form of bicuspid and molar which can be made strong. It permits anchoring the pins in the body of the tooth, where they must be anchored if they are to effectively oppose the stress of mastication. It provides a lingual cusp as thin, vertically, as can be made to render effective service.

In most cases requiring dentures, the bite may be made sufficiently open to permit the use of these teeth with the pins as they come. In very close bite cases the pins may be bent up against the porcelain, as shown in the illustration, without weakening the pin, the tooth or the attachment to the denture. When the pins are thus bent upward a very shallow form of tooth results, which can be used in almost any case.

This form of adaptation exhibits the superiority of Twentieth Century Tooth pins over both platinum pins and base metal pins baked in. Twentieth Century Tooth pins in this bent form are amply strong to meet all requirements. The large, strong heads do not pull off. Platinum pins are much smaller; they are neither as strong, as resistant to bending, nor are the heads as capable of resisting stress.

Base metal pins which have been baked into high fusing porcelain are already burned. They are very apt to be either stiff or brittle, and to break under adaptation or soon afterward.

In close bite cases the Anatomical Moulds of The Dentists' Supply Co. are of great value. They permit an articulation impossible with other moulds and afford the patient a service which no other teeth make possible.

They are furnished in

### TWENTIETH CENTURY TEETH

DENTSPLY COMBINATION SETS, Plain Vulcanite

DENTSPLY PLATINUM PIN TEETH, Plain Vulcanite

They may be had of leading dealers—in single teeth, partial and full sets, and convenient assortments of sets.



## The Dentists' Supply Co.

47-65 West 42nd Street  
New York, N. Y.

619-10-10



